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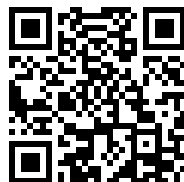
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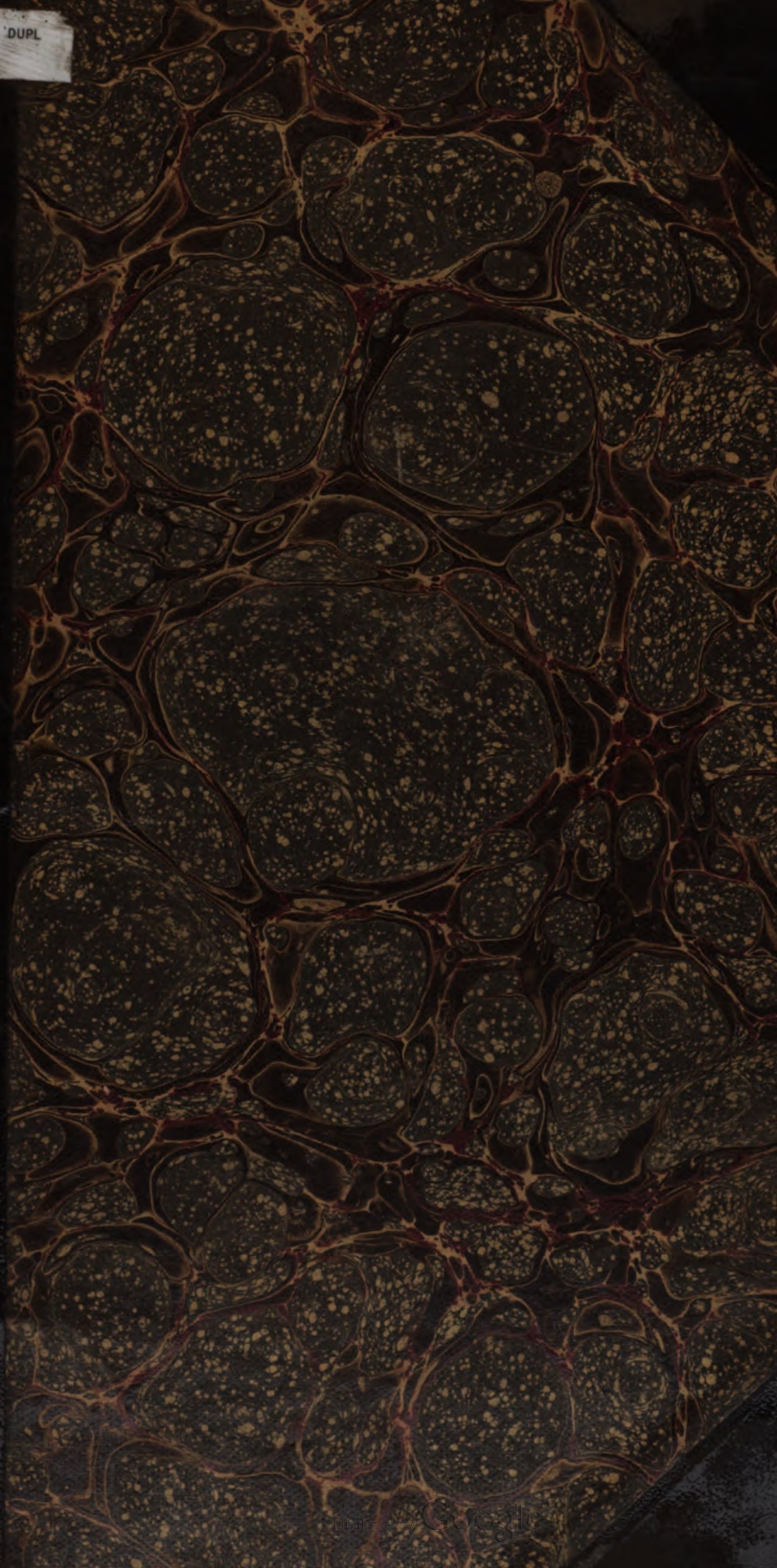
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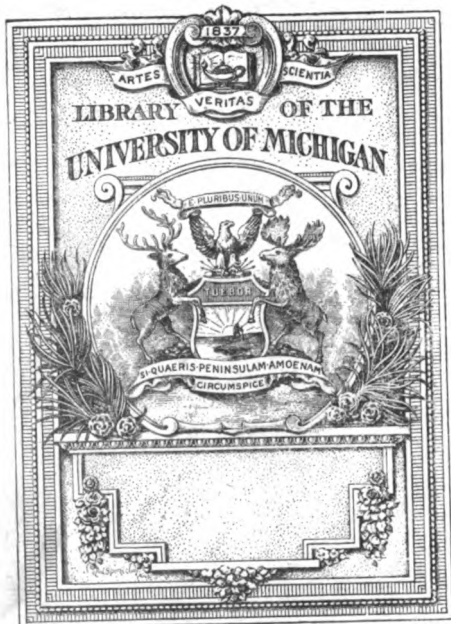


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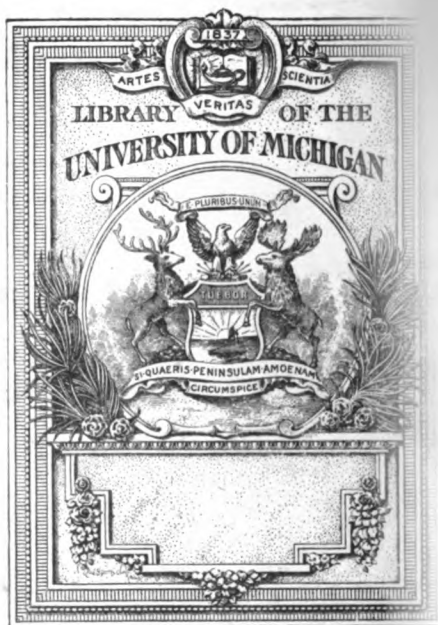




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Medical Advance

CHICAGO, JANUARY, 1888.

Surgery.

THE SURGICAL TREATMENT OF HIP-JOINT DISEASE.

S. B. PARSONS, M.D., ST. LOUIS, MO.

It is not many years since the operation of excision of the hip-joint was condemned by the majority of surgeons. The rate of mortality was so large previous to the advent of Listerism that only a few of the leading operators would undertake the operation. But as our knowledge of the causes of suppurating wounds increased, the operation lost many of its dangers, and at the present day no physician questions the propriety of the operation; but all are agreed, however, as to the time best suited to surgical interference. The recent investigations of scientists have thrown much light on this formerly obscure complaint, and from their discoveries and revelations we are justified in concluding that morbus coxarius in children is almost always of a tuberculous nature. The pathologist has found that the inflammations in this joint run a course similar to, and present symptoms and conditions like, those tuberculous inflammations in other joints and parts. In the initial stage the gray, fungous, granulation cell infiltrates the synovials, giving rise to hyperæmia and swelling of that membrane. Immediately afterward the synovial

fluid takes on a turbid color, and frequently runs rapidly into pus. While the change is going on in the character of the synovial fluid there is also at the same time usually an increase in its quantity, though over-distention of the sac may not occur until pus has taken the place of the synovia.

The synovial membrane is the first structure to manifest the gradually progressive steps of the disease in most instances, which it does in softening and disorganization, and after resisting the continued and increasing pressure of the accumulating pus for a certain period, gives way and allows the pus to work its way to the periphery in the form of abscesses. As the inflammation does not always primarily attack the synovial membrane, but, perhaps, as frequently first develops in the bones forming the joint, the tuberculous cells appear in nests, or encysted in the cancellous tissue, destroying the laminae and forming masses that undergo caseous degeneration. This process of softening, degeneration, destruction of tissue, formation of little abscesses in the bones, take place just the same as when the synovial membrane is the first tissue involved. Infiltration and softening, slowly and again rapidly, extend, the osseous spaces become filled with caseous matter and pus, and necrosis ensues. If a section of the bone be now made it will present a peculiar muddy or grayish-white appearance, not unlike the condition sometimes observed in tubercular deposits in the lungs. There are occasionally seen cases where this tubercular osteo-myelitis does not invade the joint, but they are exceedingly rare instances, and form a very great exception to the general rule. Usually the whole joint is sooner or later implicated in the progress of the disease, which disorganizes and destroys all the soft parts in and around the articulation, including the articular cartilages, capsular and synovial membranes, ligamentum teres, the head and neck and even the trochanters and upper end of the shaft of the femur, before its march is checked. Not alone does it affect the femur but the acetabulum and pubic, iliac and ischiatic bones beyond the socket are more or less eroded and destroyed, permitting the head to penetrate the pelvic cavity, or slip without the joint, constituting a spontaneous dislocation.

In the earlier stages the disease may be stopped by putting

the patient in the recumbent position, and applying horizontal extension, with absolute fixation of the joint. If there be much distention of the joint-cavity, which can be readily observed by sight and touch behind the trochanter and in the groin, the aspirating needle may be used with good effect by drawing off the superabundance of fluid and relieving the parts of their undue pressure, which is in itself a sufficient cause of continuance of the disease, even after perfect rest and the necessary mechanical appliances have been properly adjusted. The utmost care and caution should be used in the preparatory treatment to have everything perfectly clean and aseptic, else the introduction of the needle may be the means of changing the character of the fluid secreted from synovia to pus.

When abscesses occur they should be freely opened, old sinuses either incised or scraped out, and perfect drainage ensured by large dependent openings or drainage tubes. Loose sequestra or carious bone should be removed or gouged out, and in performing the latter operation the operator should take especial care in removing all diseased bone, or his efforts will not prove successful in stopping the progress of the disease.

If a happy result follows the employment of these measures the caries will be checked by a returning healthy activity in the bone, the discharges will be lessened, the general health improved, and recovery steadily, but, perhaps, slowly ensue.

There is a certain class of cases that despite all the therapeutic, diltetic and mechanical attention given them will grow constantly worse. The disease extends further into the bones, new abscesses and sinuses form, the discharge increases, the system becomes more and more undermined, hectic and night sweats appear, emaciation takes place rapidly, and exhaustion becomes profound. Such cases are the ones that usually fall into the hands of surgeons to operate upon, showing that excision is looked upon as a means that may be employed when all others have failed. This is a grave mistake, for it is proven that early surgical interference is vastly superior in good results to any other form of treatment.

Statistics show that excision performed in the first stage has not over 4 per cent mortality; in the second stage it has

a mortality of from 20 to 25 per cent; and in the third stage it has a mortality of over 60 per cent. This is from allopathic records, but under homœopathic treatment the result is far more favorable. I have been to no little trouble to get a correct list of those cases upon whom homœopathic surgeons had operated, the age of the patient, the stage in which the operation was performed, as well as the result of the treatment. My list includes seventeen cases, the oldest of which at the time of the operation was twenty-six years, and the youngest four and a half years. In every case the operation was performed in the third stage, with all its attendant unfavorable train of symptoms, and yet there were but two deaths, one of which occurred some months after being operated upon from an acute attack of dysentery, which latter may or may not have been a sequel of the hip-joint disease; at any rate the case was not well when the fresh complaint made its appearance and carried off the patient. The other death took place two months after the operation, from exhaustion.

In those cases under my immediate care after an operation, nine in number, and two other cases that were treated by other physicians and upon whom I operated, special efforts were made to ascertain to what extent tuberculosis took part in the disease as a causative factor. The histories of seven showed tuberculous disease in some member of the parents' near relatives, and most frequently on the mothers' side, and in the remaining four the investigation gave negative results. Syphilis was found in three cases, all on the fathers' side. In eight cases tuberculous deposits were found in the bony structures about the joint, or in some distant organ, and in one of my cases there were vomicæ in the lungs. In the remaining three nothing could be found of a tuberculous character. Seven of the seventeen required removal of only what remained of the diseased head of the bone and neck, and a portion of the trochanters. Four cases required the excision of all the parts as far down as the junction of the shaft with the tuberosities, with the brim and part of the bottom of the acetabulum. Three cases required the excision of a greater or lesser portion of the shaft together with the tuberosities, neck and head of the bone, and in one of these I removed all of the neck, tuberosities and four inches of the

shaft of the femur, all of the acetabulum, a portion of the ramus and tuberosity of the ischium, a part of the pubic rami, and also a part of the iliac bone. This was the same case spoken of above as having pulmonary tuberculous cavities, and in which were found abundant evidences of tuberculous infiltration in and about the hip-joint. Nothing is known of the remaining three as to the extent of structures removed.

Thus it will be seen that under homœopathic *regime* there is a difference in the mortality of nearly 4 per cent in its favor over the best record which allopathic statistics can show.

Not only is there a better showing in the mortality list but also as regards the usefulness of the limb. Malposition, shortening and ankylosis, are less likely to follow than if the case be allowed to continue until there is destruction far and wide before resorting to a removal of the diseased bone by surgical measures.

Another question of great importance may be considered at this point and one which has a direct bearing on the advisability of an early or late operation, and that is, will the removal of the diseased parts prevent the extension of tuberculous infection. It is admitted that this is a common cause of death after an operation, and hence it would appear that surgical measures were of little avail in preventing so undesirable an end. But when we carefully examine the records we find that in the great majority of instances, where excision has been performed, the patient was in the third stage of the disease, and the tuberculous infection was not confined to the hip-joint but involved other and distant organs. Yet even under such discouraging circumstances many patients have outlived the operation and entirely recovered from the tuberculous condition.

A still better record is shown when the operation was performed in the first and second stages. Two great factors assisting the surgeon at these periods are the limited extent of the disease and the physical condition of the patient.

The foremost surgeons of our day undoubtedly favor an early operation although at times it will not succeed in staying the onward march of the fell enemy, tuberculosis.

One author says: "As soon as a decided second stage of hip disease has been reached the joint should be excised."

Another remarks: "I hold that resection of the hip-joint in coxitis to be indicated as soon as extensive suppuration of the joint manifests itself, or as soon as the course of the disease shows that the termination in suppuration can no longer be prevented."

Mr. Gaat says: "Whenever the health is failing, whatever stage the joint is in, excise."

These are but a few of the many eminent men who recognize the value of early operation, for by so doing they remove the cause of much pain and distress, check suppuration, and prolong the existence of the patient. Furthermore, they arrest the disease, hence prevent general dissemination of the tuberculous infection, and give the patient a useful limb. My experience leads me to advise an operation when the general health of the patient begins to fail, and when suppuration continues, notwithstanding the best and most careful treatment—hygienic, therapeutic and mechanical—have been applied.

The manner of performing the operation is of great importance. One point is not to lose much blood, for the patients are already anæmic to the last degree sometimes, and cannot bear a severe and sudden loss of the vital fluid. The second point is to expose thoroughly all the diseased parts whether they are in the femur or innominate bones. The third point is to preserve all the periosteum, and the fourth point is to remove all of the diseased structures however extensive and wherever found.

The incision should commence midway between the upper border of the trochanter major and the anterior spine of the ileum, and carried downward and outward on a line drawn from one point to the other, when, on reaching the trochanter, the knife should be carried forward and terminate opposite the junction of the shaft of the femur with the trochanter major. The incision should be made down to the bone at the first cutting, so as to expose the head and neck and trochanter. The next incision should be through the periosteum from the beginning to the ending of the first incision; now separate the periosteum from the bone by means of the periosteum or handle of the scalpel, until the bone and diseased parts are exposed their entire length. The parts can now be examined

and a more definite knowledge gained of what is necessary to be done. In the event of the head of the bone being still attached to the bottom of the socket by the ligamentum teres it must be detached by carrying a good, strong knife into the joint on the inner side and rotating the limb outward. By adducting and rotating the limb the head can be made to protrude through the external wound and removed easily by the metacarpal or other form of saw, first protecting the soft parts from being injured by the saw by carrying around them a roller bandage and having them strongly retracted. If, after a portion of the bone is removed, it is seen that there are still diseased structures remaining, the opening in the soft parts should be extended if necessary and another piece of bone removed sufficiently large to include all of the diseased area. The acetabulum and surrounding parts should now be critically examined. Wherever there is an erosion or exposed bone it must be removed and the amount involved by the disease will determine the manner in which they shall be removed, and whether by dissection and bone forceps or with the gouge and chisel. Before closing the wound it should be sponged and syringed out thoroughly to wash away every particle of clot and detritus and all the sinuses either injected with some stimulating solution, such as strong carbolic acid or nitrate of silver, or, as I prefer, scraping them out with a curette, or they may be scarified with a long, narrow-bladed knife to remove the low form of cell growth which project from their surfaces and tend to keep up the discharges and constant waste. The old custom of stuffing the wound with marine lint or some other material saturated with balsam Peru, is based upon a false theory and should never be done. I am glad to say that there are but few surgeons who resort to it at the present time, and they will ere long see the utter uselessness of such treatment. A carbolized rubber drainage-tube should be placed in the lower or most dependent angle of the wound so as to insure free drainage, and the edges of the wound coaptated closely and retained by carbolized sutures. Corrosive sublimate gauze or iodoform gauze or iodoform sprinkled over absorbent cotton may be applied and held by a few turns of the roller bandage. The limb should be placed in a cradle of sufficient length to reach from

the lumbar region to below the foot and suspended so as to allow of movement of the body whilst it prevents motion at the hip-joint. An extending band should be carried around the foot and attached to the crossbar of the cradle, which extends beyond the foot, so as to preserve as good length of the limb as possible, and also at first to prevent the femur from being drawn upward and irritating the inflamed tissues by the pressure of its rough end against them. The dressings should not be changed unless the discharges have saturated them so as to be observed through the external layers, and at each renewal, if there is an abundant flow of pus, the wound and all the sinuses must be thoroughly syringed out. Every dressing and all the waters used for washing or injecting ought to be of the most antiseptic nature.

The care of the body and digestive organs as well as the medication require very thoughtful consideration. It is not always an easy matter to find a dietetic list that will agree with such patients without producing disturbances of the stomach and bowels or the circulation, and hence it is largely experimental oftentimes immediately, and in fact, for some time, after operative measures. They need and must have the mildest and yet most nourishing diet which can be found, consisting of beef extracts, milk, milk punch, eggs, etc. My experience leads me to favor fats and oils, some way or another, and I am in the habit of not only giving them internally but advise daily baths of oil, sponged over the entire body and well rubbed in. In this form I prefer the pure sweet oil, but internally I prescribe Savory & Moore's Cod-liver Oil Emulsion, as it is one of the most palatable forms in the market and very rarely disagrees with the stomach. Another article I have found of great value is water—pure water—and plenty of it. The patient should be allowed to drink it freely, not in large quantities at once, but very frequently. Twice a week the body should be well sponged over with as cool water as is comfortable and pleasant to patients.

The remedies I have used with better results than others are silicea, sulphur, calcarea, hypophosphite of soda, merc., ars., iodium, pod., kali phos., rhus tox., ferrum, rhus., lachesis, veratrum, belladonna, cinchona, lyc., sulph. ac., nitric ac. and ipecac.

MENSTRUATION NOT OVULATION.

J. G. GILCHRIST, M.D., IOWA CITY, IA.

The facts connected with the following narrative are of interest to the surgeon and gynæcologist as well as the obstetrician and physiologist; in fact, they are of such a character that it is not an easy matter to give a satisfactory heading to this communication. However, it would seem that the point of chief interest attaches to the fact that while menstruation had been regular and normal up to the last period, there could have been no ovulation for a long period, probably eight or ten years before death. The facts are, briefly stated, as follows:

CASE.—Mrs. A., age 33. Nov. 19, 1887, was called by my friend and colleague, Prof. C. H. Cogswell, to see a case with him, diagnosed as one of uterine fibroma, and about which he had often spoken to me. The history of the case was that for ten years there had been more or less trouble in the pelvic region, and had been treated for intra-uterine fibroid by at least one reputable physician, by galvanism, until, as he stated, the tumor had been reduced to a mere pedicle. Within the past year there had been rapid enlargement of the abdomen, with great loss of strength, and emaciation. All the bodily functions were more or less deranged, but menstruation remained normal. On examination, a large tumor, evidently connected with the uterus, was readily outlined, reaching above the umbilicus, more developed on the right side. It was firm, immovable, not painful, no symptoms of fluctuation. The uterine sound was introduced with difficulty and was felt to sweep around what seemed to be an intra-uterine growth of some size, with a large pedicle. The os uteri was found under the pubis, but the sound seemed to pass backward after passing the internal os. In the posterior cul-de-sac a soft swelling was detected, seemingly a body as large as an orange. Some few weeks prior to this examination this particular swelling had been as hard and incompressible as the larger one in the abdomen. There had been no hæmorrhage, as far as could be learned, at any time during the progress of the case.

The diagnosis was that the tumor was an interstitial fibroid that had projected into both the uterus and abdomen after

thining of the posterior uterine wall. At first the symptoms seemed to point to an intra-uterine tumor, but when repeated attempts failed to show sufficient enlargement of the uterus to accommodate the immense tumor perceptible through the abdomen, this theory was abandoned.

After thoroughly explaining the risks and dangers of the operation, the patient appointed Saturday, Dec. 3, 1887, for an attempt at removal by abdominal section. On Monday, Nov. 28, induced by a friend to take a cathartic, she had a most copious stool, in fact, a number in the course of a few hours, accompanied by violent vomiting. Early in the morning of the 29th she went suddenly into a state of collapse and died without suffering, but had many of the cardinal symptoms of hemorrhage. On the 30th, some twenty-seven hours after death, Dr. Cogswell and myself made an autopsy with the following interesting and remarkable results. The specimen was afterwards seen by our colleagues, Prof's. Dickinson and Cowperthwaite:

Body emaciated, rigor mortis pronounced. The undertaker, in preparing the body, had removed a large quantity (amount not noted) of highly offensive fluid, parts of it very thick, of a dirty-red color, with a greasy, yellowish fluid. The contents of the pelvis with parts adherent were removed. A large fibrous tumor was seen to spring from the posterior wall of the uterus, which was retro-flexed strongly; the greater part of it had undergone cystic disorganization, the upper and posterior wall having given way, a large ragged laceration being found large enough to admit the hand. The right fallopian tube was lost in the substance of the tumor, the left was obliterated by a dense fibrous stricture about the middle of the tube. The right ovary was a mass of straw-colored, jelly-like substance very like colloid, the capsule thin and transparent, the ligament reduced to a mere thread. The left ovary was the size of a hen's egg, cystic and completely disorganized. The uterus was somewhat enlarged and on being opened showed the tumor to be of the interstitial variety, its capsule being composed of the peritoneum and the external uterine tunic. The flexure of the uterus and the tenuity of the posterior wall readily accounted for the early mistake as to the intra-uterine character. The tumor was almost in-

separably adherent to everything with which it was in contact so intimately that it is fortunate for the reputation of the surgeons that the operation had not been attempted. Removal would have been utterly impossible and death would undoubtedly have occurred on the table.

Correspondence.

OUR FOREIGN LETTER.

EDITOR ADVANCE:—As the time is approaching when those who are compelled by ill-health to pass the winter abroad and who may be called tourists by compulsion, will have to make their plans, it may not be amiss to point out a few circumstances which, however obvious, will, nevertheless, bear repetition.

To begin with, the climate of England is not as sometimes represented "all bad." Being a comparatively small island encompassed by a large mass of ocean—a gem set in a silver sea, as Shakespeare has it—its climate is very much influenced by the element with which it is surrounded. Thus, as the specific heat of water is very much lower than that of land, it takes longer to become hot and longer to cool, and its temperature is therefore more equable—that is, it is cooler in summer and warmer in winter than a larger continent would be.

Further, it must be remembered that the warm gulf-stream which surrounds the British isles causes them to be very much warmer than we should expect from their latitude, viz., between 50 and 60 degrees north.

Hence the English climate is extremely equable, the range of variation between winter and summer temperatures being slight as compared with that of other places. This advantage, however, is to a large extent neutralized by its excessive moisture, the atmosphere being almost constantly cloudy, and the rainfall, though not absolutely high, being so distributed that a large proportion of days in the year are rainy. The

winter climate of Britain is, therefore, in spite of its equableness unsuited for chest diseases and those classes of Bright's disease dependent upon catarrh and also all kinds of rheumatic affections. The immense mortality in Britain from phthisis illustrates this fact, though it is not entirely due to climate; overcrowding, excessive competition and factory life being also important coefficients. That, however, the climate of Britain is favorable to the human race is shown by the great vitality and energy which has in all ages been shown by its inhabitants.

Europe consists mainly of an extensive plateau reaching from Russia over Germany and France to the Atlantic ocean. This immense tract of land becomes extremely cold in winter and is covered with fields of ice and snow along which the easterly and northerly winds can blow without obstacle.

In summer, on the other hand, for similar reasons the temperature of this great plain is very high, for the winds at this time of the year blow over vast tracts of land rendered extremely hot by the summer sun.

The climate of the great plains of Europe is, therefore, subject to great extremes of heat and cold, in summer and winter, at least as compared with that of England, for, of course, the climates of the yet greater continents of Asia, Africa and America endure still greater extremes both of heat and of cold.

Parts of southern Europe are, however, more equable owing (1) to the large expanse of water in near proximity known as the Mediterranean, and (2) to the high screen of mountains called the Alps, protecting it from the icy winds blowing over the ice plains of Russia and Germany.

With regard to the mitigating influence of the Mediterranean Sea, it is of course due to the lower specific heat of water as compared with that of land. It tends, therefore, to produce warm winters and cool summers.

The climate of Switzerland, being immediately behind the screen formed by the Alps, might be supposed to enjoy mild winters, and this, to some extent, is the case, the climates of Montreux and Vevay being comparatively mild. But here a disturbing element comes in; the Alps are themselves so high as to be covered with snow both winter and summer, but to a

much lower level in winter. The consequence is that though Montreux, etc., is sheltered from the icy winds coming from north Europe, it receives wintry blasts direct from the snow-covered mountains surrounding it.

The best winter climate to be found in Europe is, therefore, the shores of the Mediterranean and north Italy, for this favored region is not only screened by the Alps from the cold winds which sweep northern Europe, but is also protected from the cold winds coming from the Alps themselves by a range of lower hills not high enough to be covered with snow themselves and yet sufficiently high to intercept the winds blowing directly from the snow-clad Alps. In addition to these advantages it enjoys the mitigating influence of the immediate proximity of the Mediterranean. When we add that the latitude—about 45 degrees north—is such that the climate is never depressingly warm, it is not surprising that the Riviera should be the part of Europe which most nearly approaches our conceptions of Paradise, at least in winter. Spain or southern Italy are apt to be too hot for persons accustomed to a temperate climate.

I shall briefly enumerate the class of patients which are likely to benefit from winter residence on the Riviera. In the first place, consumptives of all kinds, unless so far advanced that no benefit is to be hoped from any measure, in which case the discomforts of traveling and the absence of what are called home comforts will act injuriously. Early cases will also do very well if sent to the altitudes of Switzerland. At an elevation of 5,000 to 6,000 feet winds seem to be entirely absent, and though the thermometer may register many degrees below freezing point the absence of wind makes the climate practically a mild one as far as patients are concerned. Captain Parry, in his voyages, remarked that during a calm in the arctic regions, surrounded by fields of ice and snow, the sensation was one of almost oppressive heat. Directly, however, the slightest breeze sprang up, the men experienced a sensation of extreme cold and precautions had to be taken against frost-bites.

This will show the explanation of the apparently anomalous fact that phthisical patients are frequently benefited by being sent to the Davost and Pontresina, where they are surrounded

by ice and snow. Nevertheless there are very great drawbacks; the patient is obliged to spend many hours in the stove-heated air of a hotel; the sanitary condition of the hastily constructed hotels is not good; large quantities of stimulants must be consumed to maintain the temperature of the body, and lastly, but not least, the expense of living is very great.

Also, the class of phthisical patients which can be sent to high altitudes must be very carefully selected; they must be, as a rule, early and mild *acquired* cases; they should, above all, not be subject to attacks of hæmorrhage. On the other hand, all phthisical cases, if not quite hopeless, will be benefited by wintering on the Riviera. The climate is such that they can be sure of enjoying many hours in the open air amidst the most lovely scenery, and open-air life and exercise is, in my opinion, the great desideratum in this class of complaints. With increased exercise all the functions are more efficaciously performed; the patient eats and sleeps better and is thus carried through the dangerous period and time allowed for obsolescence.

The shoemaker is prone, according to the proverb, to attach too much importance to leather, so I must not neglect to mention another resource which is open to phthisical patients, *i. e.*, sea voyages to Australia, etc. They doubtless are extremely valuable and have been the means of restoring many to health. October is the usual time for starting, so as to avoid the rigorous winter. The patient will arrive in Australia about January, which is the antipodal summer or early autumn, and he will thus escape winter entirely. Other patients, besides those suffering from phthisis, which are benefited by winter residence on the Riviera are those suffering from the bronchitis of advanced life, from the catarrhal forms of Bright's disease, from rheumatism and gout, from diabetes and various forms of anæmia.

I hope in my next letter to give you some account of the opening of the Hahnemann Hospital, the gift of a generous and grateful citizen of Liverpool, Mr. Henry Tate, which is to take place on September 23d. Our American confreres, if they remember that it is only the second Homœopathic hospital which has yet been started in this prejudice-ridden

county, will sympathise with the intense desire of all English Homeœopaths that it should be a success. As yet, however, subscriptions are only dribbling in very slowly and the £20,000 (\$100,000) will do nothing towards endowing it. What a howl of triumph the enemy will raise if the hospital has to be closed through want of funds!

FOREIGN SKETCHES.

BY HAROLD B. WILSON, M.D., ANN ARBOR, MICH.

Third Paper.—Wurzburg—Bonn.

The popularity of Wurzburg as a medical school may be judged from the fact that out of a total of about fifteen hundred students, over nine hundred are enrolled under the medical faculty. The source of this popularity lies in the excellent facilities offered, and in the numerous eminent men who fill, and have filled, the professorial chairs. The present faculty embraces such names as v. Kolliker, Scanzoni, Rindfleisch, Schonborn, Michel, v. Troltsch, Fick, etc.

The university and Julius hospital date from somewhere in the fifteenth or sixteenth century, when they were founded through the goodness of Julius Echter von Mespelbrunn, who, as the student song runs, was prince, bishop and duke in Franconia, a lover of Rhein wine and Main wine, and quite a philanthropist withall. His statute now stands in the Julius-Platz, directly across from the hospital his efforts reared. Originally, I believe, the various faculties were composed only of Catholic professors, and the founder's intention was that this state of things should always remain so; but the hand of Napoleon is said to have upset this arrangement, and since his time, although Wurzburg itself is rather intensely Catholic, the university has supplied itself freely with Protestant teachers.

The hospital is said to be very richly endowed, although the buildings are old and plain. The other buildings devoted to medical purposes, such as special hospitals, anatomical, physiological and pathological laboratories, polyclinic, etc., as well as the physical laboratory and botanical garden, are

grouped about it, on what might be called a campus, although anything like an American college campus is unknown in Germany. The grounds abound in flowers, particularly roses, which seem to thrive to a degree of luxuriousness quite unknown with us.

Near the center of these grounds is the eye clinic, presided over by Prof. Julius Michel, whose cordial and generous manners will probably be gratefully remembered by every foreigner whose pleasure it has been to number himself among his pupils. The clinic is fortunate not only in its able and earnest director, but also in its facilities for work. The rooms at its disposal are numerous and unusually large, light and cheerful, abundance of space being provided for class and individual instruction, and all marked by scrupulous attention to cleanliness and order. In addition to amphitheatre, clinical and ophthalmoscopic rooms, etc., there is a splendidly fitted pathological laboratory, with a large collection of gross specimens and microscopic slides, where special work on the pathology of the eye may be pursued under the personal instruction of the director. The examination room of the general clinic contains a library of over three hundred volumes on the eye, access to which is a decided privilege for the advanced student, since it contains the most important of the German works on ophthalmology. The eye hospital is situated a short distance from the clinic, and although the building is old-fashioned, its internal arrangement seems to be most admirable. Its inmates wear, as in Heidelberg, hospital suits of clean linen, which contribute not a little to the pleasing aspect of things. About five thousand patients are treated at the clinic yearly, and compared with many other clinics, it is surprising what a large number of cases of special interest are continually presented.

Prof. Michel is fine looking and young; he wears a "men-sur" scar on one cheek, and carries himself in military style. In the lecture room his manner is often dramatic, and always full of nervous energy of a high potential. In general, I should say his activity was tremendous. In addition to clinical and systematic lectures, at which the attendance varies from one to two hundred students, he also gives a course in eye operations to a class of about a hundred, divided into

sections. The course involves between twenty-five and thirty of the most important operations, illustrated by lectures and practical work upon cadavers and pig's eyes. The sections meet once a week, but owing to their size the amount of dexterity its members acquire is perhaps next to nothing; yet since very few of them intend to become specialists, this is of no consequence. The amount of work each section accomplishes, however, is somewhat prodigious. In one afternoon session of some two hours in length I once counted a total of eighty-six operations made by the members of a section consisting of twenty-five or thirty students. It is easy to see that this means unremitting diligence on the part of the instructor.

Antiseptic cleanliness is the underlying principal in the management of the clinic. Applicators for local remedies are used but once, and one is spared the sight, so frequently to be seen elsewhere, of the same glass rod being employed to carry ointments to the eyes of successive cases of inflammatory affections, with all its possibilities of a contagion carrier. Operations that involve opening the globe of the eye are conducted under carbolic spray; the sublimate douche (1-2000) is freely used, and all operated cases, even to strabismus and slight superficial operations, are done up with flannel roller and compress, for antiseptic reasons. The cocaine and sublimate solutions are always freshly made, and with boiled water, and great care is taken to prevent all possible wound infection. Hospital patients are operated upon in the clinical building, and either walk, or are wheeled in an ambulance carriage, from there to their wards. Cataract operations are made by the *v. Græfe* method, the incision lying wholly in the sclera, its apex slightly nearer the sclero-corneal border than the puncture and counter-puncture. The patients are kept in bed not usually more than twenty-four hours, and the bandage—the ordinary roller—is generally removed in from thirty-six to forty-eight hours after the operation, and the wards are not darkened. Under this treatment the cases seem to do well.

Professor Michel has devised a procedure for certain cases of muscular paralysis, which, in several cases where I saw it tried, seemed to be of marked benefit. The eye is thoroughly

cocainized, and then laid hold of by a pair of fixation forceps with broad jaws, applied somewhere in the line of the affected muscle. Firm traction is now made, extending and relaxing the muscle somewhat in the same fashion as passive motion of the extremities is made, and if the result is encouraging this manœuvre may be repeated daily, or perhaps less frequently. The muscles are also to receive the additional stimulus of the faradic current daily. In treating the ordinary forms of eye diseases little or no attempt is made to depend on any but local measures for their relief, and the list of remedies used is not large. Many of them, such as yellow oxide, sugar of lead, corrosive sublimate and boracic acid, are prepared with vaseline in the form of ointments, and are applied with a fusiform glass rod having rounded ends, by the aid of which a bit of salve may be "jabbed" into the eye with impunity.

Some idea of the interesting class of cases presented in the clinic may be gathered from the fact that during a two weeks' stay, I saw several cases of retinal detachment, tubercular iritis, embolism of the central artery, muscular paralysis, and acute and chronic glaucoma, besides individual examples of neuro-paralytic keratitis, herpes zoster, cholesterin crystals in the vitreous, exophthalmus from myxo-sarcoma about the optic nerve, black cataract, and a host of ordinary afflictions. A very common form of conjunctival inflammation here receives the name of conjunctivitis eczematosa, a variety not much recognized in text books—other than Michel's—but which seems well characterized by the appellation. Curiously there are almost no cases of trachoma to be seen, while at many of the other German clinics, as at Gottingen for example, it is exceedingly common.

While I was at Wurzburg, the celebration of the seventieth birthday of Professor v. Kolliker took place. He is the oldest member of the medical faculty, and has been professor for I do not know how many years. His reputation is world wide, and many of our older practitioners will remember the time when his work on "Microscopical Anatomy" was the only thing of its kind in English. The celebration was made up of several distinct events, each quite German. First there came a birthday banquet, given him by his colleagues of the

faculty. Next day he responded by a morning reception to his friends. This was followed by a torchlight procession devised by the students, in which the torches were not of the tin can variety, affected by our political clubs, but were sturdy sticks of resin and pine, the smoke and dirt from which were something fearful, but which had the merit of being exceedingly picturesque, and moreover very liable to set fire to their bearers and the nearest line of spectators, from the continual dropping of burning pitch. The crowning event of the celebration, however, was a huge *Commerz*, given by students of the Corps and Burschenschaften, at which, as is usual on such occasions, innumerable "salamanders" were rubbed amid deafening whacks of the "schlägers," and fabulous amounts of beer was consumed. Professor v. Kolliker showed his vigorous health not only by remaining until a shockingly late hour in the morning, like the rest of the "boys," but by delivering two loudly-applauded speeches. The various parts of the celebration were entered into with great spirit, and showed in what esteem this venerable teacher was held by his students and colleagues.

Wurzburg does not offer the general tourist much that is of interest. It is an old Bavarian city, and was once the royal residence, but it has nothing of the quaintness of Nuremberg, nor the pleasures of Munich. Its gardens and public promenades, which are especially fine, are well worth seeing, but otherwise there are few attractions outside of the university.

BONN.

After a trip down the Rhine, one stops at Bonn, as the last spot from which some of its beauties may yet be seen. From here, the blue outlines of the "Seven Mountains" rise beautifully against the sky, and the traveler may linger for a bit, to speculate on the romantic spots he has just passed, before all of their glories have faded from view. Here also the musician tarries, as the place is holy as being the birthplace of Beethoven, although it must be admitted that it is rather startling, even to an old traveller, to seek the exact spot in which this important event occurred and find that two widely separated houses both claim this honor, and bear tablets testifying that the immortal master was born within their walls.

The university is the youngest of the Prussian universities,

having been definitely founded in 1818. Like Heidelberg, it is known among students as a "pleasure university," and consequently has enrolled many members of the aristocracy among its students, Prince Frederick William among others. It occupies the old electoral palace; the surgical clinic, and some of the medical department are fortunate enough to have excellent new buildings, but the eye and ear clinics are meanly placed and poorly accommodated. Professor Saemisch's lecture room is a moderate sized affair, filled with small rectangular tables, and with pronounced light-blue kalsomin-ing on the walls, giving it a very ugly appearance. The clinic is carried on in a small room, so small that it is easily filled, the sad looking and rather dirty mob of patients crowd-ing unpleasantly close on the little space allotted to their treatment. The hospital wards, which adjoin the clinical rooms, are not so bad, but operations have to be made in the room used for ophthalmoscopic examinations, the air of which is not always especially pure, and the aseptic condition of which would not be above suspicion.

Operations are made upon a very low couch, the operator and his assistants either kneeling upon cushions, or else he sits upon a chair at the head of the couch. Instruments are disinfected with absolute alcohol, and dipped in water previous to use. The patient's face, especially about the eyes, is carefully washed with boracic acid, but irrigation of the wound with sublimate or other antiseptic solution is not attempted. Professor Saemisch always makes preliminary iridectomy for his cataract operations, using a broad v. Græfe knife for the purpose, and making an incision about three lines long in the sclero-cornea. For extraction the ordinary v. Græfe incision is used, the capsule ruptured by vertical and horizontal cuts, and the lens expelled by pressure of the thumb on the lower lid over the cornea, the first finger of the other hand raising the upper lid, and making slight counter-pressure on the upper lip of the wound. I saw several enucleations made under cocaine, applied simply to the conjunctiva. It would hardly do to say that these operations were painless, for there was considerable manifestation of suffering, especially as the ciliary nerves were cut, but after all, not so much as might have been expected perhaps. In the wards were

many cases of corneal ulcer ; upon some of them "Saemisch's operation" had been performed, and all were progressing finely.

Of remedies used in the clinic, nitrate of silver seemed to take the lead, being applied in, I should judge, three-fourths of the cases presented. The application of ointments (chiefly yellow or red oxide of mercury) was effected by means of a flattened metal rod, which seemed to do duty for successive cases, with never so much as a pretense of wiping it.

Professor Saemisch, whose name is well known among ophthalmologists, is a tall, large-chested man, of middle age, thoroughly German in appearance, kind in the treatment of students and patients, and a pleasant instructor. As an operator he is quiet, very deliberate and generally successful. It is to be regretted that he has not better facilities for carrying on his work. Some day perhaps the German government will get around and re-organize the architecture of at least this part of the university.

Ophthalmology.

ON THE RATIONAL TREATMENT OF CATARACT OPERATIONS.

HAROLD B. WILSON, M.D., ANN ARBOR, MICH.

The day of rationalism in the treatment of a cataract operation is coming. Our ancestors cupped, purged and scarified those upon whom they were about to operate, in the fervid belief that these were necessary preliminaries. The operation itself was followed by another period of torture, during which the afflicted patient was swathed in a bundle of bandages and racked for days upon a Procrustean bed, with the rigors of an imprisonment and amid the darkness of a dungeon. Modern ophthalmic surgery has done away with the preliminary inflictions, but it has yet to progress to the point of committing itself to the support of reasonable humanity in the after-treatment. Nor will it do so, I suppose,

until statistics have overwhelmingly demonstrated the wisdom of such a course. But the revolution is at hand. The ferment has been supplied by Chisholm, Michel, and a few American operators, and it is beginning to leaven the whole mass of our ophthalmic profession.

Orthodox surgery teaches us, after an operation for cataract, to cover both operated and unoperated eyes with a pad of lint or muslin and a compress of cotton, and to secure these in place by means of several yards of a flannel roller carried around the head and over the ears and cheeks, until the wrappings look not unlike those of an Egyptian mummy. Further, the patient is to be put to bed in a dark room, and there kept upon his back, not suffered to move nor talk for many hours, and allowed only the most limited liberties for many days. Gradually the room is lightened, the bandages removed and liberty regained. Rational surgery teaches us that no better covering for an operated eye than the upper lid can be imagined, and that a strip of soft plaster extending across the lid from brow to cheek, simply to insure rest, makes the best and much the most comfortable dressing we can devise. It teaches us that cheerful and healthy surroundings ensure better recovery, and therefore to give our patients plenty of fresh air and light, to enable them to escape the pains as well as dangers which come from enforced rest, by permitting them the satisfaction of moderate bodily action. In short, to give them all the advantages science, humanity, and experience can offer.

In view of the tentative position of these rational methods, which, despite their worthiness, must go through a probationary stage, I may be pardoned for relating two cases recently operated on, and treated after the new fashion.

Mrs. K—, æt. 77. Hard senile cataract of both eyes. She had long been a sufferer from rheumatism, which rendered the maintainance of a fixed position in bed very painful, and was confident she could never endure the necessary confinement of an operation. With the promise of comfort during the after-treatment, however, she consented to the operation. I operated on the right eye by the ordinary v. Græfe method, under frequent irrigation of sublimate solution (1-5000), the lens being readily extracted without accident.

After freeing the wound from blood, etc., the lids were gently closed, and a strip of isinglass plaster, about an inch long and a half inch wide, was gently fastened over the lid to the cheek. Both eyes were thus secured. The patient reclined upon the bed for four hours following the operation, and from that time on she followed her own inclinations in the matter of position. For the first two nights, in some measure to prevent accidental fingering of the eyes, which she was very prone to do, one turn of a bandage was carried over the eye, but without compress. Twice a day the margins of the lids were wiped carefully with a bit of cotton soaked in sublimate solution, and any secretions there or about the eye were removed. On the fourth day the plaster strip was removed from the unoperated eye, and on the fifth day the operated eye was left freely open. The entire course of recovery was marked by entire absence of pain about the eye, very slight secretions, and decided general physical comfort. Patient discharged upon the eleventh day, and could have been discharged before if she had not preferred to remain until that time.

In the second case the operation was attended by some complications. The patient was a lady, æt. 50, in whom the left eye had been operated on four years before with success, except that since the operation hemeralopia had developed with considerable restriction of the field of vision. The lens of the right eye was tremulous, and I extracted it in its capsule through a v. Græfe incision. The vitreous body was fluid, and a slight quantity escaped with the lens. The wound was well irrigated with sublimate solution, cleansed, and a very light compress laid on each eye and kept in position by strips of plaster carried over it. After the operation the patient went to bed, where she remained in any comfortable position she preferred until the next morning, when she arose, dressed, and from that time rested in bed only when she wished to do so. After twenty-four hours the compresses were removed and the eyes closed with isinglass plaster and treated just as in the preceding case. Both eyes were open on the fifth day, and the patient was discharged at the end of the seventh day. In both these cases, the eyes, when freed from the strips, looked whiter and freer from conjunctival

irritation than is the case where they have been subjected to the "roller process" plan of bandaging, and there was not a bit of noticeable photophobia, with ordinary illumination, in either of them. The results were in every way highly satisfactory, and I wish to add these cases to the growing list of those that some day will bring about a new order of things in ophthalmic surgery.

Materia Medica.

PHOSPHORUS.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

This substance was discovered in 1669 by Brandt, a chemist of Hamburg, as he was attempting to extract from human urine, a liquid capable of converting silver into gold.

"In the year 1769 Gahn discovered it in bones, and very soon after Scheele invented a process for obtaining it from them, which, with a few improvements, is the process now commonly employed.

"It is a constituent of animals, and found in the brain, nerves, urine, and bones.

"It excites the mental faculties and sexual feelings; raises the temperature of the skin; increases the frequency of the pulse, and promotes the secretions. In larger doses it acts as a poison, causing gastro-enteritis, and, becoming absorbed, produces convulsions, insensibility, and death.

"Fatty degeneration of the liver and heart are among its effects. Persons who have died from poisonous doses of it may, and usually do, on post-mortem, present a phosphorescent appearance and emit a sickly odor."

Poisoning by this drug should be treated by emetics, to evacuate the stomach as soon as possible, after which magnesia in water should be given in large quantities to neutralize the phosphorus and phosphoric acid that may form.

Persons who work much with phosphorus are subject to inflammation and necrosis of the inferior maxillary bone.

The phosphorus individual is represented as a smooth, polished gentleman, with black, glossy hair, with a fondness for the opposite sex. He is tall, slender, and may have red or blonde hair, and of a phthisical constitution; is apt to have rheumatism or gout (as none but gentlemen have it). He is amorous, and often an onanist, and suffers much from the indulgence of this vicious habit; he is hypocondrical, lazy, obstinate, peevish, shameless, anxious, and irritable when alone, low spirited, and has much anxiety for the future; he is fretful and dizzy, thinks slowly, has much vertigo, usually morose in the morning, with a gloomy, uncomfortable feeling, which may pass of after rising, but vertigo is apt to become chronic in such cases.

Symptoms *worse* in the morning and *evening*, from lying on the back or left side, but better while lying on the right side, worse from all changes of the weather, before breakfast, before and after singing. Better in the dark, from rubbing, from cold food or drink, which may be vomited up as soon as it becomes warm in the stomach.

In minute doses it acts as a stimulant to the nervous, vascular and secretive organs. In rheumatic neuralgia it is a medium capable of doing much good when well indicated, as the following case will show:

Mr. W—, aged 50 years, always a hard worker, mentally and physically, after unusual exposure, was prostrated with violent neuralgic pains, implicating the whole spinal column, and which continued several years, at times assuming the form of rheumatism of the joints and muscles, then purely neuralgia; for months at a time could not dress himself, could not turn himself in bed, nor raise his hands to his head; helpless, with the most excruciating pain, worse morning and evening, and after eating, but usually the appetite was good; bowels and kidneys not much deranged, but he craved fresh fish, and when obtainable, would eat it three times a day, to the exclusion of all other food. Phosphorus 3x was given three times a day, and in one month an improvement was manifested, and this treatment was continued with a steady gain in every respect for six months, when further medication was unnecessary. It is now over ten years since the patient was discharged cured, and he remains well, strong and active.

Hemicrania.—The affected part is swollen, may be the occiput or sinciput, but touching the swollen part gives rise to the most excruciating pain, which is generally on the left side, and may be over the left eye, or from temple to temple.

Small pimples on the face and head, which, when touched, give rise to the same excruciating pain as is present when pressing upon the swollen part in the phosphorus hemicrania.

Polypus of the nose or uterus, of a bleeding character; bleeds from the slightest touch and for a long time.

Dyspeptic pain in the stomach with pain in the back opposite the stomach, not attended with nausea or distention, but is relieved by eating a few mouthfuls of food about ten or eleven o'clock in the forenoon, also at night.

Guernsey says a very weak gone or empty feeling, felt in the whole abdominal cavity—this is an indicative point, whether found existing among a complication of troubles or occurring alone, and especially when accompanied by a sensation of heat in the back between the shoulder blades; vomiting of food or drink as soon as it becomes warm in the stomach. (*Arsenicum*: vomiting immediately after eating or drinking.)

Phosphorus relieves constipation when the excrement is long and slender and voided after much straining.

The diarrhoeic stool is usually gushing, pouring like water from a hydrant, attended with borborygmus, and may be involuntary, and apt to be followed by a burning in the anus, and may be attended by loss of blood, with complete relaxation of the sphincter ani muscles.

Spermatorrhœa, when the patient is anxious or irritable, emaciated, easily alarmed, with difficult breathing and sticking pains in the chest, and when the result of onanism. He has lost his memory, has occipital and frontal headaches, painless, watery diarrhœa, blotches on his face, and no appetite.

Ovaritis, with pains shooting down the thigh of the affected side.

Leucorrhœa discharge causes smarting excoriation, draws blisters, thin and watery, or of a sanguineous character, with absence of the menstrual discharge, or hæmoptisis in place of the menses. In tall, slender women with the above symptoms, much good will result from the use of this remedy.

Persons occasionally present themselves for treatment with a troublesome cough, worse morning and evening; pain in the chest, at times a little chilly with succeeding fever, little or no appetite, shortness of breath, easily fatigued; after an acute attack of pneumonia that has been imperfectly cured, percussion gives a dull sound, no natural respiratory murmur, lung is hepatized, cough short, dry and hacking, cannot lie on the back nor on the left side but rests better on the right; here phosphorus will do wonders, and, if not given too low and too often repeated, it will remove all hepatization, cough and pain in a short time. A few doses of sulphur may be necessary to complete the cure.

Cold on the lungs, threatening pneumonia, with tightness and oppression, sore, aching pain, chilly and feverish, with anguish and restlessness; after a few doses of aconite follow with phosphorus, and you will usually relieve your patient promptly and ward off pneumonia.

Phosphorus acts mostly on the left side or left lung, but will relieve this diseased condition when present in the right, but when the right lung is the part affected, especially the lower lobe, and phosphorus does not control the case, look at arsenicum and you may find the needed help.

This hepatization, especially in persons advanced in life, may, and does often, come on while the patient is about his business, may be little or no fever, some cough, weakness and shortness of breath, and the least exercise fatigues, an aching uneasiness more commonly than pain, but, on examining the chest, you will find dullness and solidity which may implicate the whole lung with entire absence of the respiratory murmur. A careful examination of the chest should always be made in such cases, by so doing you will many times find the key to the complete history of the case.

Here our remedy is indispensable, best potency the 200th, not often repeated, with perhaps an occasional dose of sulphur, high, with good hygienic regulations, will restore perfect health.

This is a dangerous condition, simply because it is so liable to be passed over with that lazy indifference which, unfortunately, is too often seen in physicians—jumping to conclusions without due investigation.

This is a chronic, or at least a subacute pneumonia, usually attended by colliquative night sweats, deranged function of the kidneys, and may be attended with diarrhoea of a *watery, gushing kind*.

The phosphorus cough is dry, hard and excited by tickling irritation in the throat or chest, worse from talking, laughing, singing, drinking, or by cold air; pricking in the larynx, hoarseness, fever and chilliness may be present; cough sounds loose, often, but the expectoration is scanty, consisting of viscid, or sanguinolent mucus.

Hyperæsthesia: we are told this condition is called morbid sensitiveness, and frequently found in combination with a state of fidgetiness and restlessness, and then it is called nervousness.

CASE.—Doctor — had an exceedingly troublesome nightly attack of fidgets in the right leg and hip, that came on soon after retiring, preventing sleep and driving him out of bed many times, and of months duration, which all passed off after one dose of calc. carb. 200, followed by phosphorus 200, and no return for nearly three weeks, when a few doses of phosphorus 200 stopped it for many months.

Raue classifies anacar., bell., hyos., mucuricus, rhus tox, sepia, staph., starm. and zinc. for study in such cases.

Favus.—It is indicated when the denuded scalp presents the appearance of clearness, smoothness and whiteness.

Asthenopia.—Several cases have been treated successfully by this remedy.

Epistaxis.—When the hæmorrhage takes place while straining at stool, or when it comes early in the morning in tall, slim girls approaching puberty.

Edema of the Lungs.—Baehr says: "as soon as fine rales are heard, and the dyspnœa is increasing, even without any sputa, we give at once phosphorus 3x, continuing this remedy even if a copious frothy scum, tinged with blood, is expectorated. This remedy sometimes has a brilliant effect; often in a few hours the trouble is ended."

When this condition is present in young children, and threatens speedy death, bell. often cures it promptly.

Purpura Hæmorrhagica.—In this disease, characterized by nervous or capillary hæmorrhage, phosphorus is a very im-

portant remedy. The following are its characteristic indication :

Small wounds bleed much.

The gums bleed from small causes.

Much bleeding from the nose from exertion, as straining at stool.

Blows much blood from the nose.

Swelled and easily bleeding gums.

Saliva is bloody mucus.

Extravasation of blood from the tissue, and slight bruises.

Vicarious hæmorrhages.

Dysentery.—In the last stages of this disease, we sometimes have painless discharges of bloody mucus, with paralysis of the sphincter ani muscle ; the anus remaining *wide open*, so as to expose the *dry black* and *sloughing* mucous membrane to full view for the distance of three or four inches. The stool escapes as if from a metallic tube, with little or no effort. These are desperate cases, but can be saved by this remedy.

Hæmorrhoids.—When the varices protrude through the open anus, and are acutely inflamed, very painful, and attended by a discharge of bloody mucus.

It is reported that several cases of fungus hæmatodes have been cured by phosphorus.

"SPONGIA TOSTA."

C. CARLETON SMITH, M.D.

The simple toasting of a piece of sponge seems to have been an inspiration when we consider how many lives have been saved by this remedial agent of patients suffering with acute laryngitis and croup, both alarming diseases. This drug, as we well know, contains bromine, iodine, and perhaps some calcareous matter.

Dr. Hering taught us that it is particularly well adapted to light-complexioned patients, while iodine has a greater affinity for persons who have dark complexions and black eyes. From what we glean from the various provings of this drug, it acts with great intensity upon the glandular system and mucous surfaces. Hence its great use in goitre. In cases

that come to us of this character we will find, as one of the leading conditions indicative of this drug, suffocating spells at night, while the gland is very hard to the feel, and enlarges rapidly.

This sense of suffocation is a subjective symptom belonging to the diseased condition, and is not necessarily caused by the enlargement of the involved gland, for with comparatively small goitres we find the same symptom quite prominent, and is always an indication that our patient requires spongia.

We find this drug acts specifically upon the testicles, causing great enlargement and intense hardness of these glands.

Hence we think of spongia in badly treated cases of orchitis, and also in inflammation of an acute form arising from the suppression of gonorrhoeal discharges by injections. The patient complains of a jamming, crowding pain also, and, what is remarkable, a *choking* feeling is often present, especially in orchitis. Allied to spongia in this latter condition, we have pulsatilla and merc. sol., and as both these last named drugs have greenish-yellow discharge of what little secretion may be left, we distinguish them in this way: Puls. has drawing, tensive pains through cords into abdomen, enlarged prostate, and stools flattened out and small in size. Under merc. the testicles are so hard they shine, and are also sweaty, and the yellowish-green discharge is especially troublesome during the night. We are all well acquainted with the wonderful curative action of spongia in acute laryngitis, a diseased condition which is at times most formidable. We have here a harsh, barking cough, with the larynx exceedingly sensitive to the touch or contact of clothing. This latter condition is exactly similar to lachesis, a drug that is often given in mistake, on account of this similarity, in place of spongia. In such cases when spongia is indicated the patient cannot even turn the head without the effort brings on a suffocative attack. Sambucus may be considered here in this connection as being especially indicated when these spasms of the larynx occur frequently without regard to any effort for motion being made by the patient. Spongia has won its chief laurels in croup, the indications being as follows: Breathing anxious, worse during inhalation, which dis-

tinguishes it from *acon.*, which is worse during exhalation. Wheezing is the great characteristic for *spongia*, and patient cannot lie down on account of increase of dyspnœa, which must sit up and lean forward. Should he sleep in this position he invariably wakes up with suffocative spells. (Lach.)

Spongia croup generally comes on in the evening or night. *Hepar* croup, in or toward morning, and aggravation of symptoms from juice of orange.

Spongia has, according to its proving, a decided action upon the lung tissue. Hence we find it invaluable in cases of phthisis pulmonalis. It has, like *ant. tart.*, solidification of these organs, and hard, *ringing, metallic* cough, which latter is peculiar to itself. Deep breathing, talking, and inhaling dry, cold air causes decided aggravation of this cough. The act of eating or drinking ameliorates the cough, a condition we find also under *anacardium*. Patients who need *spongia* in tuberculous disease complain a great deal of sudden weakness overtaking them when walking abroad.

This seems to be due to a congestive condition which this drug has the faculty of causing. The books teach us that *hepar* must follow *spongia* when we find the *spongia* cough continues, but with more rattling of mucus. But this I consider bad advice, for if a patient is improving under *spongia*, that improvement is signalled by a change to a moist rattling, and then *spongia* ought to be stopped, if it had been given in repeated doses, and a cure will follow—the *spongia* patient *wheezes*, and when this wheezing is changed to loose mucous cough the patient is getting well. In cases of phthisis *spongia* must be thought of when the sufferers have sudden and oft-repeated flushes of heat, similar to *xanthoxylum*, only the former has aggravation when thinking of them.

Spongia patients complain a great deal of chills which run across the back, and even shake while hugging a hot stove; these flushes never seem to affect the thighs—they being chilly and even numb.

In organic affections of the heart we could not well get along without this valuable remedy. We have here great dyspnœa, the patient wholly unable to lie flat on the back without bringing on at once terrible suffocation.

Hence, you will usually find these cases sitting up in bed

leaning a little forward, and their faces wearing a most anxious expression, cheeks flushed, and breathing rapid. Aconite in these cases follows spongia well, and the former has also waking up from sleep with great distress, the face quite red.

Young ladies, who from over-indulgence in dancing suddenly become faint and sink down helplessly, with short, difficult breathing, are quickly relieved by spongia—a single dose.

Spongia has hoarseness, with difficulty of breathing, as if a *cork* were sticking in the larynx, while bromine has feeling as though the patient has to breathe through a *sponge*. In its action on the general functions in women, we find a symptom exactly similar to calcarea, viz.: too early and too profuse menstruation. But under the former remedy the patient has severe backache just after the menstrual flow, which is soon followed by palpitation of the heart, after which phenomena the flow begins.

Spongia is a most powerful antipsoric, and therefore should not be frequently repeated, even in acute diseases.

Dr. Lippe remarked once in my presence that it is unsafe to rapidly repeat this drug in membranous croup when indicated, and that many cases are spoiled by so doing, and, worse than this, the patients' lives were placed in jeopardy. Dr. Lippe follows the excellent plan of giving one dose *high* and awaiting its action.

The mental symptoms are worthy of note, they being somewhat similar to puls., in so far that the patient is constantly weeping and quite inconsolable. She would rather die on the spot than suffer as she does. But, unlike puls., she becomes extremely vehement at times, scolding fearfully. Another, and very important symptom of the mind is, she is constantly expressing a fear that she will certainly die of suffocation. Also is possessed with the idea that her head is being blown up like an elastic balloon. And one of the most peculiar symptoms elicited in a number of provers was "a constant desire to sing."

Smoking tobacco and also inhaling the smoke always brings on the spongia cough. Spongia follows veratrum alb. and arsenicum well in cases of angina pectoris. It also supports stannum nicely where this drug is indicated in a given case.

Hepar always *follows* spongia, does not precede it, and is very similar to this drug in severe colds. Calcareo carb. frequently *follows* spongia. And after spongia in acute attacks of hoarseness carbo veg. is often invaluable. The most perfect antidote is camphor.—Homœopathic Physician.

VERIFICATIONS OF SYMPTOMS OF STAPHISAGRIA.

Z. T. MILLER, M.D., PITTSBURGH, PA.

Characteristic itching, darting and stitching pains.

Great indignation.

Sleeplessness on account of it.

Urine scanty, dark, heavily loaded with mixed urates.

Pain in region of left kidney, darting.

Stitching towards the left groin and testicle, each *dart* or stitch followed by such *itching* that patient was compelled to scratch. The darts and stitches began deep in the flesh, and ended upon the surface, the point of ending being the place that *itched*.

The pain in region of kidney was constant, aggravated by cold, as lying in a cold bed ; relieved by heat, when becoming warm in bed.—Trans. Hom. Med. Soc. of Pa.

COPAIBA OFFICINALIS.—A NEGLECTED REMEDY.

A. P. BOWIE, M.D., UNIONTOWN, PA.

Various remedies frequently employed by old-school physicians are, it seems to me, neglected on that account by practitioners of our school, and one of these remedies is copaiba officinalis. The classical use of this remedy in gonorrhœa has caused it to be used for this disease alone almost, and while the doses in which it has been given are such that new symptoms would arise, thus furnishing a clue to its further use—for clinical symptoms have an undoubted value, by those who know how to make use of such knowledge, not only for

furnishing new indications for remedies, but for confirming provings.

In an old work by John Armstrong, M.D., published in 1826, he calls attention to the use of copaiba not only in affections of the urethra but in other diseases of mucous membranes. He says: "From the remarkable efficacy of copaiba in an acute inflammation of one mucous membrane, we might ask, has it a *similar* power over a *similar* affection of every mucous membrane? And another proper question to ask, are the effects of the remedy confined entirely to mucous membranes."

Armstrong mentions the use of the remedy in croup, trachorrhœa and leucorrhœa.

All writers I have examined agree to its having a specific action on mucous membranes, and some mention its action on the skin.

In Allen's Encyclopædia over three hundred symptoms are given, showing that its sphere is not confined to these parts of the body alone, although the most marked and characteristic symptoms are of the skin and mucous membranes. This schema will well repay a careful study, and I may here remark that those who have the Encyclopædia of Allen and do not read and study it, I am afraid lose many a therapeutic gem which may be found by delving in its pages.

But the chief object I have in view is to verify some symptoms of this remedy and report its efficacy in retention of urine in aged persons. *In old persons (men I should say) who from cold or other causes cannot urinate, or where there is a frequent desire to pass water, and only a few drops pass with much straining—frequently with a mucous discharge from the bowels, with much rumbling and rolling in the abdomen, no remedy has proved more efficacious than copaiba officinalis*, in fact, I consider it a specific for this group of symptoms, as I have used it in at least a dozen cases with entire relief. Of course the catheter will have to be used when necessary, and the remedy homœopathic to the above group of symptoms is copaiba in five-drop doses of the first dilution on sugar. Before using this remedy I must confess my success with this class of cases was far from flattering, but now I no more dread the summons to an old man who cannot pass his water, for with

copaiba and a flexible catheter I can give speedy relief. When using the catheter I always apply the pure balsam to the instrument, and I believe it aids in the cure and is far more soothing than lard or sweet oil.

To relieve the burning and itching at the anus, caused by hæmorrhoids, I know of no remedy more efficacious than copaiba, ten drops of the balsam to one of vaseline. I always used the indicated remedy internally, and the relief afforded by the external use of the remedy is marked and permanent. The action of the remedy in urethritis, specific and non-specific, and bronchitis in old people, has been very satisfactory, and if I succeed in calling the attention of the society, to my mind a neglected remedy, I shall have succeeded in the object of this paper.—Trans. Hom. Med. Soc. of Pa.

Clinical Medicine.

THOUGHTS ON OUR CLINICAL CASES.

BY Z. T. MILLER, M.D., PITTSBURGH, PA.

Recently I reported a case to the County Society where china 87m was claimed to have relieved a train of dropsical symptoms. My colleague, Dr. Martin, took me to task gently, by reminding me that my patient died, also intimating that we did not always hear the sequel of so-called cures by high potencies.

My patient did die, but the symptoms for which cinchona 87m had been prescribed had *entirely* disappeared some time before the patient succumbed to pneumonia and erysipelas. The fact that a case dies does not invalidate the results following the administration of a remedy.

Another, a case of atheroma, had symptoms that were relieved by the 200th, but the patient died.

The first symptom relieved was a feeling as though there was a hair on the tongue which he was always trying to remove by hawking or spitting; nat. mur. 30, one prescription of four powders, relieved, and it never came back.

Greasy taste in the mouth, causing constant spitting, a full feeling in the epigastrium, that caused him to exclaim whenever food was brought near, "Take it away, take it away, there's no room in my stomach for that," were permanently relieved by lycop. 200, and so remained until he died. The appetite returned and he ate.

Both these cases were incurable. Structural changes had so incumbered the action of vital function that the health equilibrium could not be re-established by any means known to me; but the distressing symptoms attendant upon such conditions *were* relieved, notwithstanding the fact that allopathic brethren had exhausted their means during a period of nine months. The euthanasia of homœopathy is one of its greatest triumphs.

Too great haste in reporting clinical observations has, no doubt, placed upon record cases that should not be there. A disposition to feel inflated on small provocation also trims cases that cannot stand the light. Deductions from questionable premises throw false light upon results, and genius would stagger under the weight of her responsibility were she called upon to detect the curative agent when two or four remedies had been given, a dose every hour, with quarter to half grain hypodermic injections of morphia to hold it down.

I hold in my hand a tabulated daily report by a nurse who was attending a lady suffering with pelvic trouble. The physician in attendance is reported to be a homœopath; yet in this report of a professional nurse to her superior we find two remedies in alternation, doses every hour. Morphia quarter to half grain hypodermically, also by the mouth. We also find turpentine stupes were used at intervals. There can be no mistake about this, the notes were left in the house by the nurse, and were mailed to me that I might know the treatment.

I offer no objections to the methods of any man; if, to attain desired success such methods are used, God speed them; but I do protest against their failures being cast up against homœopathy. Their successes no school can claim. No school wants to claim them; but the allopath does make use of them to ridicule us, to cast into our teeth that our teaching and our practice are vastly antipodal.

Just here the grave question presents itself, is homœopathy equal to all the demands made upon it by disease? Will the single remedy and minimum dose vanquish the multiplicity of disease forms that daily present themselves? Who can answer this question? Who is capable of answering it? The intelligence of the old school has long since, as well as recently, declared medicine to be a humbug. Can those of us who seek affiliation with it answer the question? I think not. Can the man who plays the polypharmacist answer it? I think not. Can the man who claims to follow the master—selects his remedy according to the symptoms, and gives it according to the law—can he answer the question? *I believe he can.* Those who wish to drop the name of homœopath are not acquainted with its doctrines; those who mix and meet it half way are but partially acquainted with them, hence *their* testimony must be challenged for cause. How is it with the party of the third part? The testimony they bear to the phenomenal efficacy of similia challenges credulity; their methods are those of the founder; their means the means of the master. Can we accept their evidence? Let us see. A cyclopædia has been published and in it a chapter upon homœopathy that did not do it justice. Instantly the whole homœopathic world was bristling, a committee called upon the publishers to have it rectified. It was claimed that a Homœopath, one who *knew* something of what he was writing, should furnish the article. “Do you see?” When we are tried we want the defence to be conducted by *Homœopaths*, men whose experience is gained by a following of the rules and observance of the tenets of the system founded by Hahnemann. *Such* men must bear witness to the single remedy, the minimum dose, and their ability to vanquish the multiplicity of disease forms that daily present themselves. They, and they alone, are capable of attesting it. I need not tell you the cause for challenging the party of the first and second part, but will submit, that it is for the very same reason that we challenged the article in the cyclopædia, the man who wrote it knew nothing about it. The morphia-medicine-mixer knows nothing about it, the trucklers for allopathic alliance know nothing about it, and it would be “frittering away and casting into the gutter,” as my friend Dr. J. B. McClelland

has well said, a system grand in proportion, infinite in application, beautiful in simplicity, to allow its condemnation to stand by the edict of such men. Our system is judged by the principles enunciated by Hahnemann, but our practice is judged by the methods of our practitioners, and when they are found to be almost diametrically opposed to each other, who wonders that we are charged with practicing other than we preach? Smearing a baby's belly with camphor and lard, piercing the ears to cure ciliary blepharitis, are not in accordance with the principles enunciated by Coethen's sage, and if we employ such means we must take the consequences.

For my part I am free to confess the bent of my inclination is toward the Dunhams, the Guernseys, the Lippes, the Wells, of our school; the meat on which those Cesars fed and feed, satisfies the cravings of my therapeutic maw as no other does, but I want it understood that my adherence to their creeds is no reason for severing my connection from any homœopathic society. Upon the contrary, I am here to learn that I am wrong equally as well as to learn that I am right.

TWO QUININE CASES.

CLARENCE WILLARD BUTLER, M.D., MONTCLAIR, N. J.

CASE I.—Splenalgia. At 12:30, midnight, Sept. 20, 1876, I was called to see Mrs. T. B., aged 55, tall, of moderately full figure, dark complexion and phlegmatic temperament.

I found her suffering from a severe, heavy, *pressing* pain in the left side, below the ribs, and in the axillary line, in the region of the spleen. This pain had appeared at about midnight, and was steadily increasing in severity. There was no fever, and no splenic enlargement. Pressure over the site of the suffering gave partial relief. She groaned continuously, and was much depressed in spirits.

Enquiry elicited the fact that she had had "malaria" two years before, while spending the summer on Long Island, and had been "cured" by a homœopathic physician with quinine pills. At 4 A.M. the pain commenced to grow less severe, and had practically left her at five o'clock. In the meantime I had given her *ars. 3x*, *cinchona 1x*, and between three and four o'clock both drugs in alternative every fifteen minutes.

Sept. 21.—The next morning at ten o'clock I found her entirely free from pain and generally comfortable. The ars. 3x and cinchona 1x were given alternately every hour through the day. At 12:30, midnight, I was again summoned to her bedside to find her in the same condition which had made the previous night one of such suffering. Again I stayed by her till at four o'clock the pains gradually lessened, and disappeared at 5 A.M. Seemingly influenced by the ars. 3x, coloc. 3x and ferrun. 3x, with which I dosed her.

At 9 A.M. I found her comfortable, complaining only of soreness, and all things considered, very little of that. In the meantime I had triturated for several minutes chinin. sulph. and sac. lac. together, in the proportion of one part of the former to three parts of the latter. Of this *mixture* I now ordered two grains every hour.

Sept. 22.—At 1 A.M. I called to find that the pain had returned, but nearly an hour later, just before my arrival, and was much less severe than on the preceeding nights. At 2:30 A.M. it disappeared, and directing her to continue the quinine every two hours, I left her.

The pain appeared less and less severe for the two following nights, and then disappeared altogether. In the meantime the quinine had been continued at longer intervals.

Sept, 20, 1877.—One year to the day from its former appearance the same trouble came on again, and at the same hour, 12 o'clock, midnight. It was, to the best of my judgment, fully as severe as on the former occasion, and not different in character or conditions. At 1 A.M. she received a dose of an aqueous solution of chinin. sulph. cm. (Swan) and at 2 A.M. another. Noticable improvement had followed the first dose in fifteen minutes, and before the third dose was due, viz., 3 o'clock, she was sleeping quietly. Sac. lac. was now substituted for the chinin. sulph. (as more appropriate to her present condition).

At 10 A.M., Sept. 21, she was free from all pain and hopeful. Sac. lac.

In the night she was wakened by a return of the pain, but because it was not very severe, and because she did not wish to disturb her daughter, who was sleeping with her, she determined to wait until it was absolutely necessary before taking

any medicine. While she was waiting *she went to sleep*, and did not waken until morning. From that time until 1884, when I lost sight of her, she had no return of her splenalgia, and no appearance of other malaria symptoms.

I wish that I could make this case teach some young physician who is honestly striving to do the *best* for the patients who entrust themselves to his care, the same lesson that it taught me.

CASE II.—Pneumonia. Sept. 15, 1887, 9:30 A.M. Kate G. age 35, a hard-working Irish women, of nervous temperament, slender form, light complexion, married and a frequent mother, whose youngest child is now one year old, presented the following history: For ten days or two weeks has had a cough and "cold." Three days ago she had a severe chill, which was soon followed by fever, which continued to the present time. Has taken no medicine except rye whiskey and rock candy, and that very moderately. Since the chill she has remained in bed, where I found her presenting the following symptoms:

She lies upon her back, with her head high, propped up with pillows.

Anxious expression of countenance. Face, naturally pale, is flushed, though not deeply so.

Breathing superficial, 32 per minute; pulse 110, quick and small; temperature $103 +$ (in axilla). General warm perspiration.

Inspection shows decreased respiratory motion on the right side. Dull percussion sounds anteriorly and laterally from the region of the right nipple downward throughout the entire lung area. Posteriorly, no examination. Bronchial breathing over lung area indicated above.

Heavy *oppressive* pain on the right side of the chest; sensation, as if a weight were lying upon the whole chest, with difficulty of breathing for this reason.

Frequent, short, dry cough. Also an occasional hard paroxysmal cough, with which she raises a small quantity of rusty-colored sputa; this cough hurts her head, causes vertigo, and makes worse the dull, heavy pain in her right chest.

Tongue moderately coated, a dirty yellow, and dry (objectively and subjectively).

Bowels constipated; moderate thirst; complete anorexia.

Her hearing is perfect when she is well, but within the last twenty-four hours she has grown rapidly very deaf, and with this deafness she has many signs of irritation of the auditory nerves. These are *whirling in the head*, roaring, rushing sounds in the ears, sounds of escaping steam, ringing of muffled bells, many indefinite noises, and all are worse on the left side.

She has become very anxious and apprehensive since these sounds annoyed her. Fears that some dreadful disease has attacked her, and thinks she has waited too long before calling a doctor. Chinin. sulph. cm. (H. S.) one dose; sac. lac.

Eight P.M.—Condition unchanged. Thinks she is rather better, “more easy in herself,” which is probably due to attention to her surroundings. Sac. lac.

Sept. 16, 10 A.M.—Temperature 102.5; pulse 100; respiration 28. Hearing better; tinnitus aurium still troublesome, but less annoying. Physical examination reveals no improvement. No other change noted. Sac. lac.

Nine P.M.—Temperature 102; pulse 100; respiration 24. Hearing markedly better; noises less troublesome. The paroxymal cough much better; she “hacks” a good deal, and with this cough occasionally raises the same characteristic sputa. it is usually dry, however. The vertigo has disappeared. Sac. lac.

Sept. 17, 9:30 A.M.—Temperature 99.5; respiration 20; pulse 80; cough loose and painless, or nearly so.

Expectoration quite profuse, usually rust-colored, though at times she raises a slightly reddish tinged whitish mucus. The warm perspiration still continues. Hearing nearly normal, and no tinnitus aurium. Vesicular murmur already appearing, with many coarse moist rales. Sac. lac.

Sept. 18, 10 A.M.—Temperature 97.5; respiration 20; pulse 90; no physical examination. Skin normal, the perspiration having ceased. Bowels moved this morning for the first time. Cough loose and painless. Expectoration of the same character, but rather less in amount.

I did not see Katie again for three days, (sick myself,) but heard daily that she continued to improve in a general way.

On the 22nd I called upon her and found her sitting up in bed and dressing her youngest “olive branch.” No fever; no

pain, infrequent loose cough with slight expectoration, which was only occasionally discolored. Discharged myself.

Nov. 17.—She called at my office at my request and an examination of her lung showed no traces of her disease.

I have hesitated about reporting this case because my only memoranda of it are the notes hastily made at the bedside, and are not as complete as I could wish. The physical examinations, on account of the imperfect heating of her bedroom, (her *only* bedroom) and her location between a window and a door, were hastily and imperfectly made. Indeed, in cases of pneumonia, even with the most favorable surroundings, when satisfied of the correctness of my diagnosis, unless some untoward symptoms seem to indicate an extension of inflammatory action, I am not in the habit of making extended examinations of the chest. These are profitable and interesting to the physician, but I am of opinion are very frequently harmful to the patient, both from the liability to slight exposure and from the physical tires which they cause the patient.

The subjective symptoms in this case, because of the severity of her illness and her deafness, were obtained with difficulty. Their incompleteness is even more to be regretted for they are the most valuable to the therapist, since among them will be found the determining symptoms for the future use of the drug. In spite of these drawbacks, however, the case is one of great interest it seems to me, because of the prompt and favorable action of the remedy in a very high potency and from a single dose, and because it will be, so far as I know, the only case of pneumonia reported as cured by the remedy. Was it cured by the quinine?

I think there can be no reasonable doubt that this was a neglected croupous pneumonia in the second stage; that the establishing of resolution within forty-eight hours after first seeing the case, is more than could have been expected in the natural course of the disease, when the surrounding circumstances are taken into consideration, and that the rapidity and completeness of resolution were due to some curative agent other than the *vis medicatrix naturæ*. Since no adjuvants of any kind were employed, this curative agent could have been none other than the single dose of the highly potentized drug which was exhibited.

But there is another, and to the observing homœopathist, a more positive proof, that the chinin. sulph. was in this case a *remedy*—not merely a *drug*. The inflammation of the lung was complicated by many nervous symptoms, e. g., the mental state; the irritation of the auditory apparatus; the vertigo, and the spasmodic cough. These were the most peculiar and characteristic phenomena which this case presented, and were the symptoms which were most distressing to the patient, (though this last is of secondary importance). They are also the phenomena which are most peculiar and characteristic of the remedy.

They were the *last symptoms* to appear before the quinine was administered and were the ones which were *first* modified, and which soonest disappeared after its administration—a sure sign of the curative action of a remedy.

It has been interesting to me to compare the symptoms presented in this case with the pathogenesis of chinin. sulph. in Allen's Encyclopedia, especially with symptoms Nos. 15, 20, 21, 196 *et seq.*, 254, 301, 609, 610 *et seq.*, 629, 631, 633, 643, 648, 626 *et seq.*

Clinically I would add (for remembrance and *further confirmation only*):

Dorsal decubitus.

Lies with the head high.

Pain in the head from coughing, vertigo on coughing, and the anxious expression of countenance, only that I think any observing physician who has had an opportunity to observe the sufferer from the quinine cachexia will regard this, as I do, as one of its marked features.

TWO CANTHARIS CASES.

F. H. LUTZE, M.D., CHESHIRE, N. Y.

CASE I.—When I saw Mrs. H——, æt. 25, mother of two children, on my first visit, she looked more like a skeleton, covered with a sallow-looking skin, than a woman weighing 150 pounds, as she said she had weighed before her first baby was born, also that she had been very healthy, with a clear complexion and cheeks so rosy that she was almost ashamed

of them. Now she weighed 115 pounds. She had been delivered of her second child about a month previous, but had not felt well since her first babe was born. Had lately consulted an allopathic physician who told her that her liver was affected, and he would and did give her a large pill of aloe, podophyllin and colocynth to take three times a day, which would make her all right again ; but instead of helping, it nearly killed her.

Her symptoms were as follows :

Confused feeling in the head.

Vertigo on rising or attempting to walk, which she is unable to do.

Appetite almost lost.

Stools pasty.

Burning pain in urethra, before, during, and after urinating.

Urine full of strings of mucus.

Eyes sunken, with black clouds floating before them.

Cantharis 30, a dose morning and evening ; also gave directions to save the urine passed first after rising mornings.

When I next saw my patient she had improved visibly.

Urinary analysis : Spc. gr. 1009. Urine contained a considerable amount of albumen and mucus. The fresh urine appeared to the eye almost normal, but on standing a day became filled with mucous threads and a grayish-red sediment. Stools pasty, pulse very feeble, appetite improving. Cantharis 30 to 200 was continued, occasionally giving other remedies as called for by the following symptoms :

Arsenicum 30, waking at 1 A. M., from a sensation of constriction of the chest ; restlessness from a sense of suffocation, worse going up stairs.

Sepia 6, fullness in left side (angle of colon) as from accumulation of gas ; bearing down pains.

Lycopodium 30, sensation of a dull pressure in umbilical region, no action there, apparently ; difficulty of breathing and pressure in the hypogastric region (vagina?) on bending forward.

Silicia 200, for the constipation so characteristic of this remedy.

Three months after the beginning of treatment the menses reappeared immediately to cease, with pain like a knife in

left ovarian region, shooting down the thigh. Puls. relieved this and established the menses normally. She now weighed 140 pounds again, felt well and received no more medicine. But about two months afterwards she complained again of a diarrhoea with burning in anus *before, during and after* stool; stools only in the daytime with cutting in the abdomen. Cantharis 200, a dose morning and evening corrected this, and she has remained well ever since.

I had diagnosed this case as albuminuria from pregnancy, but about a year after she had been dismissed as cured I was called to attend her babe during an attack of bronchitis, and there, while recalling her illness of a year ago she gave me the following history :

After her first delivery she had been tolerably well, but had been unable to urinate, had no desire to do so, felt as if the bladder were empty; had been advised by the so-called or acting midwife to take spr. nitr. dulc., take plenty of it and continue to take plenty, which she did. It caused the urine to flow, but gradually she felt a bruised, lame pain in the small of the back, which increased though she continued and even increased the dose of spr. nitr. dulc.

Here, then, was the probable cause and origin of the albuminuria.

CASE II. H. F—, æt. 45, married, father of several children, young and old, complained of a pain in the lumbar region; he thought that it would be well if he could pass flatus freely; as a matter of fact it did feel some better from passing flatus, but was never free from it; felt it even at night when awaking. The pain was of a dull, pressing nature, growing worse and better occasionally, but could not tell when or from what conditions. He thought it was caused by a collection of gas in the intestines, near or toward the back. Also had a dull, confused feeling in the head. I treated him for a year or more, at intervals giving calc., bry., nux v., cimicifuga, as I thought I found symptoms for one or the other remedy, even ringing the changes of some of them in their different potencies without doing my patient the least good, though he thought himself better at times.

Once he came complaining of a more or less constant discharge of a viscid substance from the penis, especially when

near ladies or even thinking of them, (never had gonorrhœa or syphilis). Gave conium without the least benefit. Then seeing that the discharge was clear but viscid, and concluding that it was probably of prostatic origin, and the patient, thinking that he felt better out of doors, gave puls. 3, with relief from the discharge but not from the backache.

In about a month he returned with all the symptoms aggravated: the pain in the back, the clear and viscid discharge, a slight cutting in the urethra, and a smarting at the meatus on micturition; frequent desire to urinate with a discharge small in quantity; abdomen dull on percussion in epigastric region, tympanitic in hypogastrium. Cantharis 200, one dose morning and evening for a week, then sac. lac. removed all the symptoms in two weeks, the backache with the rest.

I thought then and think now that cantharis was the remedy from the beginning, and that the disease was an inflammatory condition of the mucous lining of the digestive tract to which was added by degrees a cystitis and prostatitis. But I failed to get any guiding symptoms until the eleventh hour.

THE HOMŒOPATHIC REMEDY vs. CHLOROFORM IN EPILEPTIC CONVULSIONS.

A. A. WHIPPLE, M.D., QUINCY, ILL.

The law in therapeutics, introduced, formulated and defended by Hahnemann, and so ably put in practice by many of his disciples, I fear is not being followed in these later days as closely as it should be. Were it the rule and guide for the faith and practice of every healer of the sick, then indeed would there be sunshine and happiness in many a home where now the death-angel flaps his broad wings o'er the door. Then would we no longer see, as did the writer, in a consultation visit to a neighboring village recently, the good and the noble go down to the grave, the victim of a mistaken practice, though treated by a physician who did faithfully and well the best he knew. May the light of Hahnemann's law break upon his mind before he is called upon to treat another, is the prayer of his friend.

When I commenced this paper with so formidable a title, it was with the intention of giving a case in practice which came under my observation recently. On the evening of Oct. 22, 1887—in the absence of the family physician—I was called to see a boy, age 9 years, who was in convulsions. I found him under the influence of chloroform given by the parents.

I directed them to take it away and give me a history of the case. It seems the child had suffered with what may be termed epileptic seizures at intervals varying from a few days to several weeks, since early infancy. They had never been controlled by medicines given per oram, although various remedies had been tried. I was informed that chloroform was the only thing that would control the paroxysms; that by keeping him constantly under its influence for six, eight or ten hours they would finally pass away. While getting this history the effects of the anæsthetic was passing off and the child was again in convulsions.

The father intimated that I had better give more chloroform as nothing else would do, and he feared the child would die in this paroxysm. I assured him such would not be the case; that I would like to see what kind of a time he would have without chloroform, believing that if I could see the paroxysm unmasked I could select some remedy which would relieve him without resorting to an anæsthetic.

There was complete loss of consciousness.

Eyes wide open, staring look, pupils dilated and insensible, eyes turned to left.

Mouth firmly closed, teeth clenched, froth oozing from between the teeth and lips.

Face pallid, drawn to the left.

Convulsions confined to left side.

Opisthotonos.

Head, neck and back bent backwards like an arch.

Frightful distortion of left upper and lower extremities, the right remaining passive.

The paroxysms were long-lasting with almost no interval between, growing more and more severe the longer he was without the chloroform. The parents were getting very anx-

ious. I suppose they thought I was going to let the boy die with the bottle of chloroform sitting by unused.

I put a few pellets of *cicuta virosa* 6 in one-third glass of water, and managed to get a teaspoonful of it between the teeth, pulling the patient's head over so it would trickle down his throat. I repeated this two or three times during the next fifteen minutes when he quieted down, the muscles relaxed and the convulsions were at an end. I sat at his bedside a half hour longer and saw him regaining consciousness. The father called at my office in the morning to tell me that he had no further trouble; he had slept well during the night and was feeling comfortable; he had never recovered so quickly before, always continuing many hours in spite of chloroform or anything that had been given.

Which was the better way? Combat the disease with chloroform, or select *the remedy* indicated by the symptoms in the case as a Hahnemann, a Hering, or a Dunham would have done. *Vide et crede.*—Call.

THE ACTION OF THE TOXICAL EFFECTS OF TANACETUM VULGARE.— TANACETIC RABIES.

TRANSLATED BY H. P. HOLMES, M.D., SYCAMORE, ILL.

From *L'Art Medicaire*, November, 1887.

In the *Revue des Academies of L'Art Medicaire* for November, we find the following interesting report from Dr. Tessier:

M. Hayem, in the name of M. Peyraud, of Libourne, has shown the resemblance which exist between true rabies and the tanacetic rabies, that is to say, rabies caused by the essence of tansy.

That essence gives rise more especially to the type of biting rabies in all animals except the frog, in which the convulsions are ephemeral; there has been observed, though less frequently, phenomena of paralytic rabies.

The maximum of the tanacetic action is shown by the tendency to bite; in an inferior degree it is a voracious, depraved appetite, to a less extent it is simply hunger. But does not an abnormal appetite show itself in canine rabies

from all the strange objects that are found in the stomachs of the animals?

One also finds in the tanacetic rabies the desire to run that certain enraged animals have ; even when the doses are convulsivant the same feature is reproduced.

Finally the tanacetic rabies relates to the true rabies by the lesions which it produces : sub-pleural hæmorrhages, hæmorrhagic infarcts of the liver and spumous mucosites of the respiratory passages.

The essence of tansy has then an elective action over the entire medulla, the same as rabic virus, and it is on that account that we can give to these similar symptomatic appearances the name, and call the rabic effects of tansy, *tanacetic rabies* or *similia-rabies*.

If homœopathy is not a failure, it seems to us that we should find in the essence of tansy the specific for confirmed rabies. And seeing that, up to the present time, all the remedies for that disease have failed, it is to be hoped that should a patient be attacked with rabies, they will give him this new agent in small doses. If this means succeeds, it will prove once more the truth of the Hahnemannian principle, and it would be the complement of Pasteurian vaccinations.

DR. TESSIER.

Dr. J. P. Tessier reports, in the *Revue des Acadamies*, the communication on this subject of Dr. Peyraud, of Libourne. This work appears to us worth publishing *in extenso*, because it contains some very interesting details.

We also recall this strange coincidence: the flowers of tansy have been heretofore administered empirically for hydrophobia (Merat et de Lens). P. J.

Here is the communication of Dr. Peyraud :

In the month of March, 1872, in making some biological researches on a series of essences having isomeric relations, I observed an essence not annotated which bore a resemblance, in odor, to that of absinthe. It was extracted from one of the synanthera, the *tenacetum vulgare*, also called wormwood, horse wormwood. That essence had received very little study, either chemically or biologically. Since then, Bruylants has extracted from it the camphor of tansy, or hydrure

de tanacetile (Deutsch chem. Gesellsch., 1878, p. 449) which, very peculiarly, has the same atomic constitution as the essence of absinthe and the Japanese camphor, $C^{20}H^{16}O^2$. These are the biological properties of this camphor which has been first studied by Putzeys, of Liege, in 1878, which priority of study he can claim and which we voluntarily accord to him, convinced that the properties of the camphor of tansy are not wholly the properties of the essence from which it is extracted.

But this is what I verified in 1872, when I injected two drops of this substance into the veins of a medium sized rabbit. In the course of twenty seconds the animal was taken with convulsions of such an intensity that it was in a certain sense fixed. It sprang forwards or backwards in bounds, even bounding up and down, and generally fell upon the left side. There all the muscles were seized with convulsive movements of an extreme violence; the teeth gnashed, the animal bit its tongue, and there was an abundant flow of saliva, sometimes sanguinolent; there was discoloration of the mucous membranes. The anal and vesical sphincters allowed the urine and fecal matters to escape. The spasmodic respiration, accelerated (115 inspirations per minute), was so embarrassed that one would have thought at each instant that the animal would become asphyxiated. The convulsions diminished at times in intensity and soon returned with greater force than ever. A noise near the animal's ear made it tremble all over, as in the strychnine poisoning; evidently the sense of hearing was very excitable. It did not lose consciousness, because, when a stick was placed at its muzzle it bit it forcibly, and it could be raised up without making it let go its hold. The action of biting was perfectly voluntary and distinct from the convulsive movements of the jaws. The animal bit the ground and even its feet, and, when it was placed on its side opposite to that on which it had fallen, it would use its teeth to help turn to its first position, and its body in opisthotonous described frequently, under the influence of the convulsive shocks, a perfect half-circle.

The tanacetic convulsion lasts between fifty and sixty minutes, and is even prolonged if the doses are increased. If they were too strong the animal succumbed by asphyxia.

The limit of the toxical dose in the veins, not passing the curative point, does not exceed three or four drops.

Then, to the convulsive period succeeded a comatose period of two or three hours, during which the animal seemed insensible to all kinds of excitation. Finally the normal state returned, and the next day the animal did not show any impression of the violent attack of the experiment. Furthermore, since 1872, we have verified that the essence of tansy is rapidly eliminated in a natural condition by the lungs, which led us to suppose that it was oxygenated.

We notice a harsh cry almost constantly during the tanacetic convulsions, a cry that we have also noticed in the epileptic convulsions produced by the essence of absinthium and Japanese camphor, its isomerics.

Nevertheless the tanacetic convulsions differ notably from those produced by these substances.

In fact, in the tanacetic attacks there is not loss of consciousness. The attack is unique on account of the long period of coma which succeeds it, the action of biting being perfectly voluntary, and the sensorial functions are more excited than diminished. In 1876, in the laboratory of our regretted teacher, Professor Vulpian, we have observed, Bochefontain and I, and very manifestly, an exacerbation of the convulsions from the presentation of a mirror.

In the phenomena produced by the essence of absinthium and camphor, there is a succession of epileptic attacks, each one with its period of coma. But we know that in epilepsy there is total loss of consciousness.

The effects of the essence of tansy differ also in a very important line from those of the essence of absinthe and Japanese camphor. We noticed in 1872 that these two isomerics had the very remarkable property, both of them, of arresting the glycogenic functions of the liver. We hardly ever find any sugar or glycogenic material in the livers of our rabbits treated by these two substances. We have several times examined, M. Falieres and I, the livers of our rabbits which had been under the influence of tansy, either immediately after death or twenty-four hours after, and we have always found notable proportions of glucose.

Furthermore, the bromide of potassium, previously admin-

istered before the attacks, does not prevent them, as it does those produced by camphor and the essence of absinthe.

The essence of tansy, like the essence of absinthe, elevates the temperature; the ears of our rabbits are hot, the veins are swollen and turgescient; before the experiment we have found the rectal temperature 103.8, and an hour afterwards 104.3.

Like many of the essences, that of tansy given by the veins during a period of several days, causes a mottled congestion of the lungs with tendency to inflammation of the pleura, hæmorrhagic infarcts of the liver, in fact, true hæmorrhages.

In the trachea and bronchial tubes of the animals that have died from the tanacetic convulsions, we have found the spumous sanguinolent mucosites the same as in hydrophobia.

The toxic effects of the essence of tansy, as one may see, relates very little to the epileptic type, notwithstanding the fact that we have extracted from it a camphor whose atomic constitution is identical to that of Japanese camphor and to the essence of absinthe.

The type of the tanacetic convulsions is especially that of hydrophobia. All the phenomena are there found: hallucinations, convulsions without loss of consciousness, opisthotonus, spasms of the muscles of the pharynx, of the larynx and of the whole thorax, abundant salivation, asphyxic phenomena, sensorial excitability, tendency to bite, harsh characteristic cry, diminution of sensibility and of movement, momentary paralysis, spumous sanguinolent mucosites of the trachea and bronchi, sub-pleural hæmorrhages and hæmorrhagic infarcts of the liver.

It relates more especially to the tetanic than to the epileptic type; it is a little like the effects of strychnine. Besides, does not rabies resemble tetanus?

We believe that we are perfectly right in giving to the effects of tansy the name of *tanacetic rabies*, *artificial rabies*, *similia-rabies*.

THE TREATMENT OF RABIES AND HOMŒOPOTHY.

L'Art Medicaire, December, 1887.

The inquiry goes on; two years ago I wrote to M. Pasteur, advising him to examine into the Hahnemannian dilutions of rabic virus, an efficacious treatment and a prophylaxis most

certain for the rabies, and to-day M. Hogen communicates to the Academy of Sciences of Buda-Pest a proceeding of the prophylactic treatment of rabies by injections of a liquid prepared after the homœopathic method. One may judge of it for himself.

These are the injections of increasing intensity :

The 1st was composed of one part of the spinal cord to 5,000 of water, containing itself a thousandth part of hydrochloric acid.

The 2nd from one part of the spinal cord to 2,000.

The 3rd from one part of the spinal cord to 500.

The 4th from one part of the spinal cord to 200.

The 5th from one part of the spinal cord to 100, 1st centesimal dilution.

The 6th from one part of the spinal cord to 10, 1st decimal dilution.

—Semain Medicafe, November 23, 1887 (478).

In place of injecting, as does M. Pasteur, a virus of greater and greater strength, M. Hogen injects the same virus in different dilutions. One sees that not only the prophylaxis of rabies is obtained after the law of similars, but also by the dilutions of Hahnemann. This is entirely homœopathic except the doses, but this will come, not for the prophylactic treatment, but for the curative treatment of rabies, and that will be a fine day for us all, for the physicians as well as the patients. Look out for M. Pasteur.

But this is better still :

“ M. H. Peyraud, of Lybourne.—After having, in two previous communications, studied successively, 1st, the biological effects of the essence of tansy in developing symptoms of similia-rabies comparable to those of true rabies following the injection of that substance in the veins of the rabbit ; 2nd, the preventive action of the hydrate of chloral in the tanacetic rabies and in true rabies. I will at this time make known the results of the experiments undertaken on the preventive action of the essence of tansy against true rabies.

“ If rabbits, on whom one has previously practiced the injections of tansy for a period of six, seven or eight days, be submitted to the action of rabic virus, it will prevent these animals from developing rabies. All of those, in fact, to

which I have given this preventive treatment, during the past eight months, have not been attacked by rabies, while two rabbits which I had inoculated with rabic virus without having previously submitted them to the preventive tanacetie injections, have both of them succumbed to the true rabies, one very rapidly, the other more slowly.

"From which, I think, we are permitted to hope that we will perhaps be able to prevent the development of the rabic virus by using injections of the essence of tansy."

So the injections of the essence of tansy which produces a state very analogous to rabies would have the property of preventing the development of rabies; it is the law of true homœopathy. In this case no more than in the inoculations of rabic virus have we the right to speak of vaccination. Vaccination, one frequently forgets, is practiced in a healthy individual; it is truly a prophylactic treatment which consists in developing a disease analogous to small-pox, and, in virtue of that analogy, preventive of small-pox, as a first attack of variola, even discrete, constitutes a preservation against a second attack.

But when one makes the preventive inoculations in the development of rabies in the bitten individuals, he acts upon the organism in power of the rabies, upon patients, upon the incubation of a disease before it may be considered as a period of that disease.

If the experiences of M. Peyraud are confirmed, we will have in this a remedy not only preventive but curative of rabies. This remedy will have the enormous advantage of being within the reach of all physicians. But what will become of the Pasteur Institute?

From the first it should be used from now on to verify and to perfect the method of M. Peyraud. M. Pasteur should examine as to what is the dose of the essence of tansy which will most frequently cure confirmed rabies, and which, in this case, M. Pasteur *should have no fear* of being taken for a homœopath in using the small doses.

After which M. Pasteur will have the honors of being among the first in the way, and, I hope also, of having perfected the treatment of rabies. As for the Pasteur Institute becoming useless they will make of it a homœopathic hospital which we will call the Pasteur Hospital.—Dr. P. Jousset.

HOMŒOPATHY AND PATHOLOGY.

F. E. STOAKS, M.D., ATTICA, OHIO.

"Hence it undeniably follows that the totality of the symptoms observed in each individual case of disease can be the *only indication* to guide us in the selection of the remedy."—Organon, § 18.

That the above words of the master are true is no unsettled question to the true homœopathist, and he that does not heed them at the bedside has no right to call himself a follower of Hahnemann. Yet, how often is the physician called upon to answer the question, "What is the matter?" and in order to establish himself in the confidence of the friends and his patient he must be prepared to give an accurate diagnosis, or rather *name* the disease, however little he may value that accomplishment as an aid to a correct homœopathic prescription.

While the old school are far from perfect in the art of diagnosis, I think they, as a school, excel us as diagnosticians. Perhaps no fact has had more to do in hindering the progress of the homœopathic school in the confidence of the public, than this one of neglect in the study of diagnosis by homœopathic physicians and students.

I do not wish to be understood as advocating the cause of pathology to the disparagement of symptomatology; far from it. I am a firm advocate of the words of the master which begins this article, but I must say what I believe to be true, that the homœopathic physician of to-day must have, in addition to his knowledge of symptomatology, a knowledge of diagnosis and pathology equal if not superior to his allopathic brother. This fact arises from the position which homœopathy holds as an opponent to allopathy, also in conformity to the requirements of the public mind. We must fight the enemy on their own ground; meet them at least as their equals in pathology, and their superiors in curing disease; by holding above everything else in importance, the banner of *similia similibus curantur*, and use the weapon of symptomatology, without the knowledge of which we can avail nothing as homœopathists. The total disregard and neglect to equip ourselves with a knowledge of pathology and diagnosis cripples us to successfully cope with our contemporaries. More

especially is this true with young physicians who have been taught symptomatology to the neglect of diagnosis of disease. Let us rather follow Hahnemann as his true disciples; study the materia medica and pathogenesis of our remedies as such, at the same time let us make ourselves skillful diagnosticians that we may meet our brother allopaths on at least equal grounds, and then show them how much we excel them in making a successful prescription. After making our diagnosis for the benefit of the friends, we should set that aside as a *name*, and proceed to individualize our case by a careful observance of all the characteristic and peculiar symptoms, and not allow ourselves to be biased by routinism or empiricism, but prescribe that remedy which is indicated by the totality, fearlessly and with full faith that we are right. Let us study our cases with care and patience, always holding in the foreground the above words of the master.

Typhoid fever does not indicate baptisia, but certain symptoms of typhoid may. Rheumatism does not indicate rhus tox. or any other remedy, but certain symptoms may indicate it. Simple fever does not indicate any particular drug, but the peculiar indications may indicate either aconite, bell., bry., arnica, ars. alb., nux v., sulph., verat., etc., etc. Names of diseases do not help us in our prescriptions, but let us not fail to be able to *find the name*, if it should be required of us.

SYPHILIS AND SYCOSIS,

[Translated by A. McNeil, M.D., San Francisco, from Grauvogl's posthumous writings.]

The bones never suffer primarily in sycosis, but only from the periosteum outwards. Consequently there never arises a carious form as in syphilis, but only necrosis with the formation of a sequestrum and sclerosis; while the loss of substance arising from syphilis, scrofula and tuberculosis is never restored. Always after the sycotic necrosis has terminated, new dense masses of bone supply all that is lost.

All stenoses and strictures, including those of the œsophagus, larynx, trachea, rectum and intestines, are sycotic. Sycotic inflammations of the joints attack the spinal column and lower jaw (but never the knee or elbow joints) with sud-

den pains, while the skin covering those parts remains normal and no fever arises, but a permanent enlargement of the structures of the joint remains. Inflammation of the testicles and of the inguinal glands pass into enormous hypertrophies and indurations. Gonorrhœal orchitis produces morbid changes in the epidermis which can never be restored, while the syphilitic is capable of absorption. Sycotic deafness is the result of the swelling of the mucous membrane of the Eustachian tube; the syphilitic, of carious destruction of the ossicles.

All forms of sycosis resist the action of quicksilver and become more extensive and violent. They do not permit restricted diet nor irritative treatment. Sycotic glandular-like strictures usually appear in places where there are no glands, (Virchow's leucæmia) sometimes soften slowly and generally contain a bright yellow liquid, but no pus. Sometimes these are on the mucous membranes of the alimentary canal, in the bronchia, in the cellular tissue, and from the size of a pin-head to a monstrous size. Of the organs which form the fluids of the body the spleen and the marrow of the bones become diseased in the form of the so-called leucæmia.

The laryngeal or tracheal form of sycosis causes no burning but a contracted feeling which is not increased by pressure on the larynx, but even in the beginning there is constant hoarseness and frequent empty swallowing. These complaints continually increase and are accompanied by great weakness. Œdema of the glottis, also, and syncotic asthma, which arises in consequence of changes in the tissue of the lungs, belong to this form of sycosis. This asthma is intermittent, is seated more in the chest than in the larynx, and often entirely disappears with swelling of the external glands.

The sycotic exanthemata are never copper-colored, appear on the backs of the hands, are covered with dark-brown crusts and are cracked so that there are many rhagades on them. The plaques in the buccal cavity, on the tongue, the inner side of the cheeks and lips, have but little sensitiveness and are sometimes bluish. The sycotic condylomata are pedunculated, the syphilitic sessile. The hair is not affected; in syphilis it falls out.

Sycotic ulcers are always isolated, are situated on the neck, sternum, loins, throat, axillæ, upper arms and thighs, tibis and frequently on the great toes. They have a fetid smell, therein differing from sycotic ozæna (?), extend in breadth but not in depth; there is but little change in the margins, the bottoms are bluish-red, dark-brown, cracked; when on the mucous membranes they are bright-red and usually leave callosities behind them; they heal from the centre and with but little loss of substance. The leucæmia of Virchow is nothing else than the sycosis of the older writers.

Granvogl then states the remedies for sycosis are ars., natrum sulph., thuja, graph., baryta, antimonium crud., aurum mur., sarsap., and clematis.

BUILDING BY PROPER NUTRITION.

W. IRVING THAYER, D.D.S., M.D., BROOKLYN, N.Y.

The learned have eyes, the ignorant have merely two spots on the face.

—*Kural Proverb.*

It is a constant experience with all human flesh and animal life that they must eat to supply a constant physiological waste.

A man, to build a house, must have materials with which to construct his mansion. He may be able to "make bricks without straw"; much farther than this he cannot go.

There are over thirty different textures in the body. They must all be supplied with pabulum. The majority of these tissues can be supplied in, or for, their waste, *all the time*; but *THREE cannot be*, to any extent.

By "cannot be, to any extent," I mean, after they are *once* built up.

What can these tissues be? The teeth!

The petrous portion of the teeth—by petrous portion I mean the enamel, dentine, and cementum—are composed of, in gross, two substances: the *soft solids* and *calcareous salts*. But, by far, the latter tissue is greatly in excess in bulk and weight.

Now then, as the lime salts are or are not properly deposited in and amidst the soft-solids in sufficient quantity to give strength, character and hardness to these important organs, then they are correspondingly weak, frail and *rapidly decay*.

The lime salts cannot be gotten into the teeth by the administration of calcarea or lime water. They are not the proper petrous tissue builders. Calcarea *alone* will not answer. Neither will calcarea phos. There are but three sources where proper and rightly balanced nutrient matter can come from, and that must be through the umbilical cord, mammary fluid, and after-feeding.

By the first method the mother must be duly supplied with lime salts herself. Also, by the second process.

There is *no other* food whereby such supplies can be obtained save through the *cereal foods*.

Now, unless these are correctly prepared, *they, too, are worthless*. Food must furnish to the *growing* teeth phosphate of lime, fluat of lime, carbonate of lime, phosphate of magnesia, soda muriate and other salts.

Now then, *all* of these earthy substances are found in the *out side* of all the grains, and *nowhere else*, in sufficient quantities to be easily taken and *appropriated* by these tissues. Nitrogenous foods supply, mainly, nitrogenous matter, not lime salts. Lime salts *we must have prepared somewhere near* as we find them in the teeth, if we have the least desire to give our children and patients' children, good, strong teeth. We may hunt the world over and we cannot find so simply prepared and easily appropriated arrangement of lime salts as we find in the husks, the chaff, of *all* our grains.

We shut our eyes and permit our miller to throw it away and feed it to his hogs and cattle. They, as all know, have *strong, hard, teeth*.

We please the eye and let *starving tissues* take care of themselves as best they may. How much of bone and tooth building material is there in gluten and effeminate starch?

No pregnant woman, nor child or youth should ever eat bread made out of bolted wheat. Bread made from wheat *meal*, that is, the *whole* wheat ground fine, sometimes called Graham flour, is the only correct form of wheat bread to use.

To make a good Graham bread, take of wheat *meal*, two bowls; of fine bolted flour, one bowl; mix and sponge as is usual. Rye and Indian or Boston brown bread is extra valuable as a tooth, bone and *general* tissue builder. These forms of cereal foods for pregnant and nursing women and all young persons up

to thirty years of age, together with morning doses of good and *thoroughly cooked oat meal*, will, so far as tissue building can go, insure good, strong and serviceable teeth.

We come now to an important part of this subject, and that is the nursing one, for babes.

How many mothers are capable of nourishing their offspring as they should be? Few! How many are free from all taints of scrofula or tubercular miasma? or psoric, syphilitic or sycotic dyscrasia? Do the wet-nurses, as a rule, present any better credentials?

This matter of baby feeding is a very important one so far as the teeth are concerned, to say nothing of furnishing proper aliment for the other tissues.

If any child must be fed artificially *two* things are necessary to have in such babies' food. First.—The food *must be easy of digestion*. Second.—Of great nutritive value. Please note: *Every* tissue must be *fully nourished*. Not a lot of adipose tissue manufactured at great expense to many others because they make the baby "look nice, you know."

The market is flooded with infants' foods manufactured without care or consideration to a *proper mixing* of the nitrogenous, albuminoid and inorganic constituents. They have *got to be* properly mixed if we are going to have an artificial food that will *digest as easily* as does a good quality of mother's milk, and at the same time *nourish and build up every tissue*. We don't want all fat and nothing else. Neither do we want all teeth and nothing else. But if we look well to the teeth there is going to be enough of the albuminoids and nitrogenous matter to help the other tissues.

There is too much casein in cow's milk to be a good substitute for human milk. The casein in cow's milk is about 0.44.8; that of the human milk is somewhat less. Casein is the most difficult portion of any milk for the infantile digestive apparatus to reduce. Sometimes said apparatus has great difficulty to dispose of that casein found in its mother's milk. Suppose this tough casein had been partly *pre-digested*, what then?

Has ever the digestion of cow's milk by a nurse or mother with pancreatine been successful? It has not. The process may be carried too far and the milk made bitter, or too little, and the digestive functions disarranged.

I have for fifteen years or more been studying this subject of babies' food, and I wish to give the reader an analysis of some eight different kinds of infant food found in the market. This analysis was made by Professor Stutzer, of Bonn, Germany, food analyst for the Prussian government. This table will show the careful observer which of them are calculated to thoroughly nourish *every* tissue.

A single fact is worth a ship-load of argument.—*Persian Proverb.*

TABLE.

I trust it will be examined very carefully, so as to get the "*facts*" and the *whole truth*.

	Reed & Carnrick's Soluble Food.	Nestle's Food.	Mellin's Food.	Wells & Richardson Co. Lactated Food.	Horlick's Food.	Dr. Ridge's Patent Food.	Anglo-Swiss Milk Food.	Imperial Food.
Fat.....	5.00	4.66	0.50	2.19	0.60	1.27	2.37	0.80
Protein substances—albuminoids.....	18.22	11.46	8.34	0.05	11.30	8.76	12.38	10.73
Hydro-Carbons—Dextrine, etc.....	67.74	76.69	79.29	78.44	79.04	80.45	76.03	78.88
Cellulose.....	0.10	0.58	1.54	0.55	0.73	1.09	0.73	0.37
Water.....	6.14	5.34	7.76	6.52	5.75	8.31	6.18	8.25
Salts and inorganic constituents.....	2.99	1.75	3.53	2.26	2.76	0.48	1.95	0.37
Amount of nitrogen in protein substances.....	2.915	1.833	1.335	1.448	1.809	1.403	1.981	1.717
Amount of protein substances readily digestible.....	16.45	11.09	7.38	8.35	10.85	7.97	11.20	9.55
Proportion of nitrogenous alimentary substances. Protein = 10.....	1.4.4	1.7.7	1.9.6	1.9.2	1.7.1	1.9.3	1.6.6	1.7.5
The inorganic constituents contain lime.....	0.645	0.390	0.155	0.390	0.060	0.060	0.520	0.001
The inorganic constituents contain phosphoric acid.....	0.874	0.630	0.583	0.688	0.421	0.260	0.800	0.167

LAC CANINUM.—A VERIFICATION.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

A lady, aged fifty years, a widow, mother of one child, is syphilitic, and has suffered very much with inflammation and ulceration of the tonsils and fauces—which are completely honey-combed by abscesses—and for the last month *the pain and soreness has changed from one side to the other every day*. For instance, the side that was sore yesterday is well to-day,

and the side that was well yesterday is the sore one to-day. She had been treated for a long time for this disease without benefit, by a professed homœopath.

Four doses, 200th, of this remedy were given, two each day, when improvement set in, and in ten days she was well, and has so remained without further medication.

"Right to left, and from left to right"—daily.

CONGENITAL ABSENCE OF VAGINA WITH MENSTRUAL DISCHARGE BY WAY OF THE URETHRA.

J. A. GANN, M.D., WOOSTER, OHIO.

In July, 1887, I was called to see Miss B., age about 35, suffering, as was feared, from inflammation of the bowels.

As careful an examination as I was able to make revealed the right ovary very much enlarged, with general sensitiveness of the whole abdomen.

Further questions elicited the fact that it was time for her to be unwell, but that from some cause—they thought possibly a cold—the menses had not made their appearance as usual. The suffering was intense, and previous to my being called they had resorted to all the home appliances with which they were familiar; but apparently to little purpose.

The lady had been subject to similar attacks at more or less lengthened intervals; but the medical aid she had thus far received from her home physicians (she lives in an adjoining town) had been so slight—if any—as to discourage her in longer seeking their aid.

She had been suffering nearly forty-eight hours when I visited her and found the condition before referred to, and in addition thereto, headache, nausea, frequent pulse, moist skin and temperature 101. The enlargement of the ovary was so great that I feared it might be due to something more than menstrual derangement; but upon careful questioning could learn nothing of any special previous enlargement, but that at former similar attacks there had been a similar enlargement.

Under treatment the severity of the symptoms apparently modified, and as soon as the symptoms had modified suffi-

ciently to warrant a more thorough examination, I requested the privilege of so doing.

With some reluctance the patient consented, and imagine my surprise upon passing the hymen at finding what might be considered complete absence of the vagina—as there was but a mere depression there—and the function of menstruation completed, necessarily, by way of the urethra.

I was somewhat prepared for finding some unusual developments of her anatomy by the lady's sister, who told me that even when a babe she was found to be "not all right"; but nothing corrective was done as she was very delicate, and the doctor who was present at the birth of the child (and who is still living) said she could not possibly suffer any inconvenience, as other abnormal conditions of the system, with the extreme weakness, rendered it hardly possible for the babe to live but for a short time, and womanhood for her was not to be thought of.

The lady though always in delicate health is bright and educated above the average; but is wholly unaware of any abnormal anatomical condition of the genital organs. At each *period* the menstrual flow is discharged only with the urine, indicating most probably that the blood escapes into the bladder, and is evacuated at such times as the combined presence of blood and urine stimulate the expulsive efforts of the bladder.

She has been purposely kept in ignorance that this is not the natural way, by loving friends who feared that her sensitive nature would hardly bear the consciousness of additional malformation beyond those of which she was already aware.

I report the case on account of its extreme rarity.

DIARRHŒA.—PHOSPHORUS.

C. Q. NELSON, M.D., CANON CITY, COLO.

Mrs. N., age 32, married; health usually good. Was confined on the 26th of August last. It was her seventh child. Labor was short, but the pains and mental excitement were very great, just at the last. She soon rallied and felt well

and got up in a few days. Soon after getting up she began to be troubled with diarrhœa, worse in the morning, *discharge pouring from her like water*, though not debilitating.

Phos. 200th, one dose. Marked improvement by next day, and she soon became fleshy and strong, but diarrhœa returned slightly once, when phos. 200, one dose, cured completely and she has remained well for two months.

Comment and Criticism.

THE VALUE OF CHARACTERISTICS.

EDITOR ADVANCE: In your December issue Dr. Pulford has done me the honor to comment upon a paragraph of my remarks on the the "Value of Characteristics," and has also interestingly illustrated the use of these indices by a few cases. I did not purpose to disparage Key-notes; but I regard the "Key-note" for any remedy as representing but one or few of its available symptoms, in some instances not peculiar to it, but possessed in common by several remedies. For example the Doctor presents the cure, by calcarea, of a child of sweating; that, when asleep, the head—especially the back of the head—would sweat, so as to wet the pillow through. Hering's "Guiding Symptoms" gives to calcarea "copious exhausting sweat, particularly at the back part of the head and nape of the neck." ■

The Cyclopædia of Materia Medica gives the same symptom to sulphur:

"At night uncommonly profuse perspiration.

"Profuse sweat on the occiput.

"Profuse perspiration, especially on the occiput."

I have found it confirmatory for the cure with sulphur in many cases, especially in the diagnosis of the remedy for intermittent fevers. I therefore believe with the most experienced practical authorities, that, though medicines have cured when applied upon the basis of a single symptom, the firm ground for prescription is a confirmation of the drug likeness by a comparison of all its elements with those of the disease.

The symptom “dizzy while going down stairs,” of Case 2d of Dr. Pulford, cured by borax, calls attention to the symptom as given in Hahnemann’s *Chronic Diseases*. The proving by Schrëter: “Vertigo and fullness of the head on *ascending* a mountain or stair,” and Hering’s *Condensed Materia Medica*, quoting Hahnemann, the same. Hering’s *Guiding Symptoms* gives the “vertigo and fullness in the head” under the condition “on descending a mountain or stairs.” Allen’s *Encyclopædia*, “fullness of the head on *ascending* a mountain or stairs.”

ARSENIC CANCER.

Mr. Jonathan Hutchinson states that, in his belief, arsenic may produce, or at least be an exciting cause of, epithelial cancer. Sir James Paget held the same view. This will be joyful news to our homœopathic brethren.—*Medical Record*, Jan. 7, 1888.

Yes! Arsenic has produced symptoms similar to those of epithelial cancer; and it has also cured cases of this affection. But, “our homœopathic brethren” have not only known this fact but have successfully applied it in practice for over seventy-five years; hence by them it will not be considered “a modern discovery.” And, moreover, arsenic has never been discarded by “our homœopathic brethren” because it would not cure *every case* of epithelial cancer. It can only cure cases in which it is indicated. And it is just as effective to-day as when Hahnemann first pointed out its chief characteristics in 1811, and will, under the unchanging law of therapeutics, remain equally efficacious for one hundred years to come. Can the editor of the *Medical Record* say as much for any remedy in the *Pharmacopœia*?

“THAT” AND “THIS.”

“The 200th potency has never produced any effect upon the healthy body as far as my experiments have gone, therefore it can have no effect upon the sick.”

T. F. ALLEN.

The broad daylight has never been known to produce any ill effect upon the healthy eye, therefore it can have no bad effect upon the sick eye.

Wanted! The signature of T. F. Allen, M.D., to the last to make his position consistent.

CHAS. B. GILBERT, M.D.

DR. DURAND'S CASE OF PROLAPSUS RECTI.

EDITOR ADVANCE: Symptoms (arranged for convenience of repertorial study).

Prolapsus Recti:

— — — with and after stool: ant. cr., aloe, apoc., *cal.*, chin. s., gam., graph., ig. (after), kali phos., kali bi., lach., mez., *pod.* (before, with and after), plan., sep., sul.

— — — hard stool: lyc., canth.

Aggravation while sitting (general conditions): *cal.*, *lach.*, ig., lyc., sep.

Soreness in rectum (sensation of): *cal.*, *ig.*, lyc., *sep.*, sul. (rawness).

— — — worse between stools, *sep.*

Hæmorrhage from rectum: *cal.*, *ig.*, lyc., *sep.*, sul.

Constipation: *cal.*, *ig.*, lyc., *sep.*, sul.

Involuntary stools: *cal.*, *ig.*, lyc. (?), sul.

Oozing of moisture from the anus (soiling the clothing): sep.

Cough night and morning: *ig.*, lyc., *sep.*

— early morning (in bed): *lep.*

Easily tired: *cal.*, *sep.*, sul.

Aching in the limbs (legs): *cal.*, *sep.* *Cal.* has more active pains, tearings, etc., *sepia* more aching.

I have been unable to find any symptoms similar to the "exfoliation of the mucous membrane of the prolapsed rectum," or to the "greenish color" of the same. If, however, one might speculate, I should expect the skin, from its histological similarity to the mucous membrane, to present drug symptoms, which might have therapeutic value (*in the absence of reliable provings or clinical records*) in diseases of its nearest analogue.

We should, from such speculation, expect of the principal remedies above mentioned, aid from *cal.*, *sep.*, *sul.*, for the exfoliation, and for the greenish color from *sep.* only. However, these are speculations only, and may be valuable—and may not. The anti-psorics best suited to his constitution, complexion, catarrhal tendency and history, are *cal.*, *sep.* and *sul.*, and of these, in spite of his fair complexion, I think in view of the form of nasal catarrh which his psora develops under provocation—the stuffed up nostrils, tendency to cough, the crusts and yellowish nasal discharge, that *sepia* is the choice.

CLARENCE WILLARD BUTLER.

GUERNSEY'S BOENNINGHAUSEN.

EDITOR ADVANCE :

Notwithstanding the fact that "Boenninghausen's Therapeutic Pocket-book" was published years ago, and that the medicines proven since its appearance have never been embraced in it in a later edition, it is still acknowledged as the standard work of its kind, and its merits far outweigh those of any other repertory ever produced. It was compiled by a man of deep research, and who was particularly well suited to the task. It was in continuous use by Hahnemann and his contemporaries, and by them considered invaluable; (and who shall challenge their successes?) It is to-day resorted to, in spite of its deficiencies, by all of the best prescribers of our school, not one of whom *would* do without it; who themselves think that they *could* not, and who speak of it as the most reliable book of its kind extant. Dr. Lippe once remarked to me, "When I feel stuck in a case, I turn back to the *old* books." Accepting, therefore, its great value as an undeniable fact, let us consider how it can be made of greater utility.

I have for some years been in the habit of copying out from it symptoms of any puzzling cases, and by uniting the names of medicines in contiguous columns, be enabled to thus find the indicated remedy by cancellation. Lately, however, the thought occurred to me, that if each symptom was written upon a *separate strip* of paper, that it could be as readily used by placing it beside the others needed to analyze a case, and be reserved for future use. Dr. John V. Allen has greatly aided me in carrying out this plan, and together we have worked up a great number of the symptoms—he calling them off from the book, while I prepared slips for his cabinet and my own.

The scheme has worked so admirably that I have concluded to offer it to the profession, if each will bear a share in the expense. My proposition is as follows: To reproduce the entire work—not in book form, but on slips of paper—each slip bearing the names of the 126 remedies given in the book, and opposite those homœopathic to the symptom, numerals to designate their value, corresponding to the grade of medicines used in the book. For instance: the figure 4 will indicate LARGE CAPS; 3, SMALL CAPS; 2, *italics*; and 1, roman. Remedies that are not recorded with the symptom will have a blank space opposite. Take, for example, the symptom of "Longing for fruit." Under this head, Boenninghausen gives eight remedies: *alum., ant. tart., cinch., ignat., magn. c., puls., SULPH. AC., VERAT.* On the paper representing this symptom will appear the entire list of the 129 remedies in one column, and opposite *these eight remedies* will be placed numerals to designate their value as follows: *alum., 2; ant. tart., 2; cinch., 1; ignat., 3; mag. c., 1; puls., 1; snlph. ac., 3; verat., 4;* while all the other *medicines* will be *unnumbered*. Now, let us suppose a case to present seven symptoms. These symptoms are hunted out in the index, or key, and the seven corresponding papers placed side by side on the table, when a glance across the sheets will show what medicines are given on *all* the papers, and *these alone* are noted. *An addition of the numbers opposite each of these remedies will show which ranks greatest in importance.* Should two or more sum up the same

amount, the *Materia Medica* must be consulted to ascertain which is the more closely allied to the case.

It is not expected that this plan can be used with every prescription, but is intended for those cases for which it is particularly difficult to find the remedy.

Unfortunately it will be necessary to *re-write* the entire matter before publication, and as the expense is large, I have determined to ascertain the number of subscribers that can be obtained before starting upon so troublesome and costly a venture. Instead of putting but one symptom on a paper, it is my intention to put *two on each*, thus reducing the number of papers. Down the centre of each will be placed the names of remedies in a column, and on either side a row of figures, with a number at the head-line to designate what symptom each row belongs to. It is rare that in analyzing a case two symptoms which belong in consecutive order in the book are needed, and in placing the papers for study, the row of figures not wanted may be screened from view by lapping the adjoining paper over it. If both are wanted, they are both exposed. Besides the index, or key, each set will embrace about 1,300 strips of paper (of this quality), measuring 15x2 in., and each paper numbered to correspond with the symptoms in the key. It is thought that enough subscribers can be obtained at *seven dollars* each to pay expenses.

WM. JEFFERSON GUERNSEY, M.D.

December 1st, 1887.

4430 Frankfort Ave., Philadelphia.

Bönnighausen's "Therapeutic Pocket-Book," in our opinion the best repertory which has ever appeared in our school, has been out of print for many years. In fact, it has been impossible for the younger members of the profession to procure a copy, unless an older member died or retired from practice, hence we heartily commend Dr. Guernsey's project of issuing a new edition, in a form which promises to be still more convenient and practical. Those who have used his admirable repertory of hæmorrhoids will at once recognize his fitness for the self-imposed task, which evidently he has undertaken *con amore*. If the work is only used in "those cases for which it is particularly difficult to find the remedy," and it enables us, as it will, to cure a few of these obstinate cases, it will repay the investment a hundred fold. Dr. Guernsey informs us that he must have sixty subscribers at least to pay the cost of paper and printing, and *no more will be printed than are subscribed for*.

Perhaps, if a hundred names are obtained, the individual expense may be less. No true homœopath, striving to become a close prescriber, can afford to lose this opportunity to procure an improved copy of Bönnighausen's great work. It was by means of this book that he achieved his wonderful success and the reputation, even in Hahnemann's day, of being the ablest prescriber in Europe—"the peerless prescriber of Munster."

THE MEDICAL ADVANCE

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN. M.D.. EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

SIZYGIUM IN DIABETES MELLITUS.

In the *Hahnemannian Monthly* for December, 1887, Dr. A. B. Kinne, of Syracuse, N. Y., reports a case of diabetes cured by this remedy. It is as follows:

During the summer of 1885, Mr. G——, aged 65, consulted me, complaining of great thirst, dry skin, gnawing pain in stomach, dry, red tongue, frequent urination of large quantities. On examination I found urine containing one and a half per cent of sugar. I put him on a strict diabetic diet and gave Uranium nit., which gradually caused disappearance of sugar and all other symptoms. I instructed my patient to adhere to the strict diet, which he did until the spring of 1886. In June, 1886, he again consulted me, with same symptoms, but with two per cent of sugar in urine. The strict diet was resumed and Uranium nit. prescribed with no benefit, the amount of sugar steadily increasing. I also gave Helonias and Phosphoric acid with no benefit, until in September the urine contained eight per cent of sugar with a specific gravity of 10.40 and amounted daily to three quarts. I then gave Sizygium 1x, five drops four times daily. The amount of sugar gradually decreased, and in six weeks none could be found; quantity of urine normal and specific gravity 10.20. I have examined the urine every month since and found it in normal condition in every respect up to the present time, nearly eight months. Patient still adheres to the strict diet and is feeling well and strong.

We call attention to this case for two reasons:

First.—It is a good cure of a grave disease, with a single remedy, and that an unproved one.

Second.—The symptoms were those of diabetes—any case of diabetes—nothing *characteristic, uncommon or peculiar* about it

by which any Homœopath can cure another case. The symptoms were not diagnostic of this remedy—but of diabetes—and to render it valuable they ought to be. We have now a number of similar cures reported with this remedy, but thus far, so far as we know, nothing distinctive to guide us in its administration in the future. The next case that Dr. Kinne or any one else may prescribe it for may not be a Sisygium case, and, of course, the remedy, though evidently a valuable one, must fail; and a few such failures will land it in the list of condemned. Experiments of this kind kicked Byronia for many years out of the Pharmacopœia of Allopathy, so that even the latest work, the Therapeutic Handbook of the United States Pharmacopœia, devotes only seven lines to it, and claims that “its chief use is that of a hydragogue cathartic, for the relief of dropsical or serous affections.” It is well to use the remedy clinically until we have a proving; but enough is now known of its virtues to warrant a proving, and we have men enough to do it, and all that is needed is for some one to take the lead. It is not necessary either that it be taken in crude doses to ascertain its characteristics. Neither is it to be expected that it will develop diabetes. Take it in the 3d, 6th, 12th, 30th or 200th potency, note the subjective symptoms and especially the modalities, and in a year another valuable remedy will be added to our armamentarium.

* * *

TO OUR READERS.

A stream never rises higher than its fountain. A journal is what its readers and contributors make it. For the position which *THE ADVANCE* holds in homœopathic journalism as an exponent of the teachings of Hahnemann it is indebted to its corps of indefatigable contributors. For their work in the past we are under grateful obligations; upon their help in the future we rely to maintain an aggressive exposition of the only system of therapeutics which approaches scientific precision. To this cause we are willing to devote time and labor, confidently relying upon our readers for the same generous support which they have hitherto given us. For our many short-comings in the past we ask indulgence, promising to make *THE ADVANCE* for 1888 unexcelled by any volume in its history or any journal in the school.

New Publications.

THE PRINCIPLES OF ANTISEPTIC METHODS APPLIED TO OBSTETRIC PRACTICE. By DR. PAUL BAR. Translated by HENRY D. FRY, M.D. Philadelphia: P. Blakiston, Son & Co., 1887. Pp. 175. \$1.75.

The practitioner who desires to keep abreast of the times on the most approved antiseptic methods incident to almost every conceivable phase of obstetric practice, will find the most complete information in Dr. Bar's work on "*Les Methodes Antiseptiques en Obstetrique.*" It covers the entire field. The subjects discussed are: Relation of the Germ Theory to the Puerperium; The Antiseptic Method and Agents; Influence on Puerperal Epidemics; Disinfection; Hygiene of the Puerperium; During Labor; During the Puerperium; Catheterization; In Rupture of the Uterus; In the Cæsarean Operation; Of the Umbilicus; Ophthalmia Neonatorum. In the latter the author adopts Crede's method in using the silver nitrate solution 1-50 immediately after birth, quoting statistics of the results obtained under many other methods at the Paris Maternity, and saying: "To-day, ophthalmias have almost entirely ceased to exist in that hospital." This is certainly a good showing, as in 1874-75 the Paris hospitals showed a percentage ranging from 13.6 to 15. The book is in Blakiston's best; an ornament to the library.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA. By J. L. MILTON, General Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo. Pp. 484. Illustrated. Price, bound in extra muslin, \$4. New York: Wm. Wood & Co., 1887.

Three hundred pages of this work are devoted to gonorrhœa, of which the author says: "The work contains, in an abridged form, the substance of the earlier editions; the papers on scalding, chordee, and gonorrhœa printed in the Medical Times; those on the treatment of gonorrhœa published in the Medical Circular, and several papers read before the Medical Society of London and the North London and Western Medical Societies. The sections on the treatment of gleet, gonorrhœa in the female, orchitis, and gonorrhœal rheumatism, have been revised and amplified. Those on gonorrhœal affections of the heart and pericardium, the peritoneum and pleura, dura mater and sheath of the spinal cord; on gonorrhœal pyæmia, pyelitis, etc., are now added for the first time."

While the pathology is very fully and completely given, it contains nothing essentially new. The author is careful not to commit himself on the relation of the gonococcus to gonorrhœa, yet he courteously considers the views of others. The chapter on treatment is very exhaustive and contains comparisons of results of the various methods of local treatment, which we confess are neither very encouraging nor scientific. While acknowledging the constitutional character of the affection, he treats it as a purely local disease. The author vigorously combats the theory advanced by Noeggerath, Mac-

Donald and others that gonorrhoea is the direct cause of a large percentage of cases of sterility especially in women, and advances numerous cases occurring in his own practice to refute it.

Spermatorrhoea is also exhaustingly treated, and is considered as a distinct disease, not a mere symptom, the product of a morbid imagination. True impotence and the mere loss of seminal fluid are considered in separate chapters. The treatment is not new. On the whole, while the author gives considerate attention to the views of others, we think he would have given better general satisfaction had he been a little more positive in his own. It is the most complete work on the subject yet published.

A COMPLETE HAND-BOOK OF TREATMENT. Arranged as an alphabetical index of diseases to facilitate reference, and containing nearly one thousand formulæ. By WM. AITKEN, M.D., (Edin). Edited with notes and additions by A. D. ROCKWELL, M.D. Pp. 444; vol. III of Medical Classics. New York: E. B. Treat. 1887.

This volume is just what its title makes it, a handbook or cyclopædia of disease. An extended notice does not appear to be necessary. It is compiled from the last edition of Dr. Aitken's classical work on the Science and Practice of Medicine, revised and re-arranged by the author so as to make it available for ready reference. It not only embraces the experience of this widely known and justly distinguished author but of many others, hence is fully abreast of the times.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES. By E. D. HUDSON, M.D. New York: William Wood & Co., 1887.

This volume, like many of its kind, is the outcome of the wants of the author as a teacher of Physical Diagnosis in the New York Polyclinic—a convenient, practical work for ready reference. Its contents speak for themselves: Principles of Physical Diagnosis; Percussion applied to Normal Chest; Percussion to Abnormal Chest; Auscultation; Acoustics of Normal and Abnormal Chest Sounds; Synopses of Respiratory Diseases; Heart Diseases; Synopses of Heart Diseases; Relation of the Pulse to Cardiac Disease. It is well illustrated for the purpose of diagnosis, and the synopses of the heart and respiratory diseases are especially valuable, and probably will be most generally appreciated by the practitioner. The profession has sustained a severe loss in the death of the talented author, who died before the final revision, leaving the MS. to Dr. Johnson to see through the press.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. HERING, M.D., Vol. V. Philadelphia: Published by the estate of Constantine Hering. Cunderang—Helonias. Pp. 552. 1887.

We have very little to add to what we have already said in reviews of previous volumes of this admirable work. Like Volume IV, it contains, as the introduction to each remedy, not only a brief descriptive history of each drug but a complete list of the authorities from which its clinical symptoms have been obtained, thus adding much to its value as a reliable working materia medica. We note with regret the omission of the valuable additions—patho-

genetic and clinical—to Dulcamara, by W. P. Wesselhoeft, M.D., as well as some valuable clinical symptoms of Hellebore, by the late Dr. Gregg. Notwithstanding these omissions we believe it to be the most valuable work on *Materia Medica* yet brought out in our school, and many who have hitherto delayed sending in their subscriptions, deterred by the death of the author, the delay in the issue and the doubts about the completion of the work, need no longer hesitate, as we are assured by the publishers that Volume VI is well under way and will, with the succeeding volumes, be promptly published. For information, address Mr. A. G. Crandall, 1231 Filbert St., Philadelphia.

TRANSACTIONS OF THE FORTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Held at Saratoga, N. Y., June 27, 28, 29, 30, and July 1, 1887. Edited by the General Secretary, J. C. BURGER, M.D.

This volume of 890 pp. contains the work of the American Institute for one year. It is well printed, and we detect fewer typographical errors than in many former volumes. A careful perusal will satisfy any unprejudiced member that the Institute is year by year becoming more and more scientific and less and less homœopathic. The Bureaus of *Materia Medica* and Drug Proving, which ought to have the best papers and most original work in proving or reproof of remedies, are chiefly noted for what they do not contain: while surgery, gynecology, obstetrics, sanitary science, etc., etc., present work second to no other medical organization. This is to be deeply regretted. The original intention of the founders of the Institute is not being carried out. Can we not do better? If we do not, where will the next decade find the Institute?

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE SKIN, FOR STUDENTS AND PRACTITIONERS. By CONDIT W. CUTLER, M.D. New York: G. P. Putman's Sons. Pp. 109. 1887.

In the general plan this little work is similar to the author's "Differential Medical Diagnosis." The diseases of the skin are divided into eight classes: parasitic, glandular, neurotic, inflammatory, hæmorrhagic, atrophic and hypertrophic affections and new formations. These are subdivided, and each disease carefully though briefly considered. The characteristic and analogous symptoms are compared in double columns for ready reference and differential diagnosis. Like all the manuals of the series the publishers have presented this in an exceedingly attractive dress.

DIFFERENTIAL DIAGNOSIS: A MANUAL OF THE COMPARATIVE SEMIOLOGY OF THE MORE IMPORTANT DISEASES. By F. DEHAVILAND HALL, M.D. Third American Edition. Philadelphia: D. G. Brinton, 1887. Pp. 255.

This is a practical working book. It is arranged for ready and convenient reference, the symptoms being placed for comparison in double columns, thus making the information sought for easily obtainable. It is founded on the author's excellent little work, a "Synopsis of the Diseases of the Larynx, Lungs and Heart," but the American Edition has been arranged with reference to the features of diseases as modified and changed by climatic

influence. The diagnostician will find it especially valuable in the study of early symptoms tending to pathological lesions, and we heartily commend it.

THE TREATMENT OF HÆMORRHOIDS BY INJECTIONS OF CARBOLIC ACID AND OTHER SUBSTANCES. By T. S. YOUNT, M.D., Lafayette, Ind.

The title of this brochure is sufficiently explanatory. It is a miserable attempt to explain a most defective system of treatment. The less the general practitioner knows of it, the better both for the patient and the physician. We hope that some day the author may learn a better way, viz. : how to cure patients suffering with hæmorrhoids by constitutional means—how to treat the cause, not the effect.

WINTERING ABROAD. By ALFRED DRYSDALE, M.D., Cannes, France. Second Edition. London : J. S. Virtue & Co., 1887.

The author of this compact little volume of 63 small 12mo. pages, is now well known to all American and English homœopaths as the translator of Ameke's History of Homœopathy. He has long resided at Cannes, and is perfectly familiar with all European winter resorts. Furthermore, he has made climatic influence on disease a study, and no man in Europe, probably, is better qualified to advise in this respect. Any of our readers having patients going to southern France or Italy for the winter, can do no better than to commit them to a most careful homœopathic physician—our foreign correspondent, the author of "Wintering Abroad."

Societies.

TRANSACTIONS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

WILLIAM JEFFERSON GUERNSEY, M.D., SECRETARY, PHILADELPHIA.

The Hahnemannian Association of Pennsylvania met in the Continental Hotel, Philadelphia, Jan. 10, Dr. Mahlon Preston, of Norristown, presiding.

Present, four active members, four associates, three honorary members, and two visitors.

Dr. Wm. H. A. Fitz, of Philadelphia, read a paper on *Colchicum Autumnale*.

DISCUSSION.

Dr. C. Carleton Smith : "We often have to differentiate between this drug and mercury, but the shreddy stool and sour sweat of the former helps us out. *Colchicum* is the base

of all quack rheumatic remedies. I had a patient once die after taking one of these and she complained fearfully of pain in the small joints. This a marked symptom of the drug and shows a night aggravation, the pain becoming worse in the evening. Rhus has an evening aggravation which lasts till 3 o'clock. Mercury is similar but sweats more."

Dr. Mahlon Preston: "Colchicum has profuse sweat also."

Dr. Smith: "The nausea from smell of food cooking is an important symptom, but must be stated by the patient voluntarily to be of value, and not elicited by inquiry, it must be marked."

Dr. Clarence Williard Butler (Monclair, N. J.): "What is the character of the pains in the small joints?"

Dr. Smith: "Tearing and laming."

Dr. Butler: "I find a stiffness, a marked symptom, especially if accompanied by the sour sweat."

Dr. Preston: "What is your experience with the eye symptom?"

Dr. Smith: "Like mercury, worse in the open air."

Dr. Preston: "I once made a fine cure with colchicum of an ulcer of the cornea which was surrounded by a high growth, like the mercurial ulcer. It was in a child of four years, and three or four doses of the 200th cured the trouble in two weeks."

Dr. J. H. Hamer: "What indication had you for colchicum."

Dr. Preston: "The position of the ulcer. You will find it mentioned in the Symptomen Codex."

Dr. John V. Allen: "I once cured a case of neuralgia of the stomach with that sensation of coldness in the stomach."

Dr. William Jefferson Guernsey: "Ambra grisea has that coldness in stomach also. I had a patient who had suffered for thirteen or fourteen years from this symptom, winter and summer, after having been exposed in a sleigh ride. He had used all kinds of pads and warmers without relief, and was better in twenty-four hours after taking the ambra." (This man has since had slight recurrences of the trouble; always helped *at once* by ambra grisea.)

Dr. Allen: "I had a patient with coldness, as if freezing in the stomach, to whom I gave phosphorus for some chest

symptoms, and on looking up that drug found it also had the coldness. Phosphorus cured *all* his symptoms."

Dr. Butler : " Some years ago a young man came to my office with clap. It was about meal time when the odor from the kitchen was quite noticeable. He was taken with an attack of excessive nausea from it, and on this indication I gave him colchicum, which cured his nausea and clap too."

Dr. R. B. Johnston, of Germantown, next read note 126 from the appendix to the Organon.

§ 126. During the observation of the effect of drugs, the experimenter must avoid mental and bodily exertions, and particularly the disturbances that would result from the excitement of sensual excesses. Nor should experimenters be interrupted in their observations, by urgent business affairs which prevent them from paying close attention to themselves, through fear of disturbance ; and, besides being to all intents and purposes of sound health, they should possess the requisite degree of intelligence, to enable them to define, and to describe their sensations in distinct expressions.

DISCUSSION.

Dr. Allen : " I can't see the difference between a single globule and a dozen as a dose."

Dr. Johnstone : " I find, sometimes, that medicines do not always act just as I had expected, and have thought that it might be because, in replenishing the vial over and over with alcohol, I was producing a potency of alcohol as well as of the drug."

Dr. Guernsey : " You can't potentize a menstrum with itself." [It is worth thinking of, however, that in drugs that that we run up—three or four potencies with sugar of milk and *afterward* by alcohol—that *then* we may get a potentization of saccharum lactis with the drug.]

Dr. Samuel Long (New Brunswick, N. J.) : " What quantity of globules would you use as a dose?"

Dr. Smith : " I use a few of the smallest size ; No. 5."

Dr. Long : " Dr. Constantine Lippe never had a liquid in his house, but always added to his medicines by dry succussion."

Dr. Smith : " I think we can give an overdose. Dunham once said one globule was as good as a thousand, and, while

it does not prove the opposite, I think he had that in his mind."

Dr. Guernsey : " I will not use sugar of milk on account of its taste. It resembles magnesia so strongly that any patient under treatment for constipation would swear that he was taking that drug."

A letter was then read by Dr. Edmund H. Lee which Dr. Geo. H. Clark had sent him, asking for advice. Dr. Guernsey read a brief paper on "The Quinine Curse."

Dr. Johnstone : "What remedy has the symptom 'imagines that some one has poured a poisonous substance on their skin?'"

Dr. Guernsey : "Hyos. has fear of being poisoned, which is similar."

APPOINTMENTS FOR NEXT MEETING.

Materia medica—Dr. Horace Still, of Norristown, who will present a paper on *ambra grisea*.

Organon dissertation—Dr. C. Carleton Smith, Philadelphia.

Original paper—Dr. C. H. Lawson, of Wilmington.

ONONDAGA COUNTY (NEW YORK) SOCIETY.

The regular meeting of this society was held in Syracuse, Tuesday, Nov. 1st, at 10 A. M.

Present Drs. Hawley, Seward, Brewster, A. B. and E. D. Kinne, Sheldon, Candee, Martin, True, Benson, and Hooker.

It was agreed that twenty minutes should be devoted to the Organon at each meeting, and that the meetings be held monthly.

Dr. Seward, of Syracuse, read a paper on the "Ill Effects of the Ill-Advised Use of Electricity," in which he mentioned several cases in point.

CASE I.—A young lady suffering from an acute cold took a thermo-electric bath : pulmonary phthisis immediately supervened and took the patient off.

CASE II (Dr. Seward's son).—Phthisis set in immediately after taking a thermo-electric bath for a cold. The patient complained on coming out of the bath of a cold feeling about his shoulders and in his lungs—"they felt as cold as marble."

This persisted until his death more than a year later. There was in this case a predisposition to tuberculosis.

Dr. Hawley confirmed Dr. Seward's statements in regard to this case.

CASE III.—A lady was strongly affected by a thunder-storm though miles away, her "feet would patter to the floor." Was struck by lightning six years before. Morph. acet. 200 was prescribed and cured the case.

Dr. Seward recommended morph. acet. 200. as the most effective antidote to electricity.

Dr. Hawley mentioned the case of a young lady, predisposed to tuberculosis, who took a thermo-electric bath for an acute cold, was obliged to go to bed as soon as she got home and never left it until she died.

Dr. True mentioned the case of a young married lady who, though well, took a thermo-electric bath because urged to do so and had never seen a well day since.

Dr. Hawley favored proving electricity on the healthy.

The general opinion of the society was that while electricity has its place in therapeutics, it is, at present, so little understood that extreme caution in its use is advisable.

F. H.

NEW HAHNEMANNIAN SOCIETIES.

The Hahnemann Club of Toronto, Ontario, was organized November 2, 1887. It consists of the following members: John Hall, Sr., M.D., president; J. D. Tyrrell, M.D., secretary and treasurer; E. T. Adams, M.D., A. B. Eadie, M.D., W. J. H. Emory, M.D., and L. H. Evans, M.D. So far as numbers are concerned the membership is not imposing, but it is more than the nucleus of a strong and active society, it is the representative of the homœopathy of Hahnemann; and the earnestness and enthusiasm which led them to band together for the defense and study of the principles of the master will bring forth genuine work in the future. The constitution and by-laws has the ring of true devotion to principle and we predict for it success.

The Organon Society, of Boston, was organized December

8, 1887 with about twenty-five members. Dr. W. P. Wesselhoef was made permanent president and Dr. S. A. Kimball, secretary. The society proposes to study the Organon, and has made a very creditable beginning. There is plenty of work to be done in Boston and plenty of men to do it. Let us have a good re-proving of some remedy.

Now that Rochester, Philadelphia, Boston and Toronto have active working Hahnemannian societies, let us have one in Chicago, New York, Brooklyn, Washington, St. Louis and other places for the study of the Organon, the Materia Medica and the Therapeutics of Hahnemann.

Editor's Table.

DR. W. A. DEWEY removes to 834 Sutter street, and is now associate editor of the California Homœopath.

PROFESSOR DESCHERE, MOFFAT AND BLACKMAN, and nearly all the unmarried alumni of the New York college were married during the last two months.—Chironian.

DR. D. J. MCGUIRE has found the climate of Pasadena, Cal., to agree with him very well. His many friends will be pleased to learn that he is improving in health.

DR. W. I. HOWARD (U. of M., '82) removes from Stevens Point, Wis., to Los Angeles, Cal., forming a partnership with Dr. W. H. Davis. Wisconsin loses and California gains an enthusiastic homœopath.

A GOOD LOCATION.—In a country village of 700 inhabitants; rich farming community. A fine chance to quickly build up a practice among reliable people. For particulars address Dr. E. Wildman, Yardley, Pa.

PATENT MEDICINES.—There is one admirable feature about a wire fence. The patent medicine man can't paint a legend on it in regard to his liver cure.—Puck. And it is about the only thing left on which he cannot paint, if we except the colored sheets on the inside of some of our contemporaries.

DR. F. S. BRADFORD removes from New York City to Mor-

ristown, N. J., and in future proposes to devote special attention to the treatment of lung and heart diseases, also neuralgic and rheumatic affections—diseases upon which he lectured for so many years in the New York Homœopathic Medical College.

MARRIED.—At Detroit, Dec. 13, 1887, at the residence of Prof. Phil. Porter, H. H. Crippen, M.D., and Miss Charlotte J. Bell, of Dublin, Ireland, niece of the late Dr. John Butler, of New York. The happy couple will reside in San Diego, Cal., and will carry with them the best wishes of a host of eastern friends.

EDITOR ADVANCE: For the benefit of the profession at large will you please state that Wm. B. Clarke, M.D., formerly my assistant, is no longer associated with me, and that I will in no wise be responsible for bills that he may contract or loans he may negotiate. Yours truly,

Indianapolis, Dec. 10, 1887.

O. S. RUNNELS.

NEW YORK HOMŒOPOTHIC COLLEGE is to have one of the finest and most imposing college structures on the continent, and we congratulate our New York brethren on their prosperity. If completed after the plans, as given in a recent issue of the *Chironian*, both Boston and Philadelphia, which now have new and elegant buildings, will have to take second and third place respectively.

“WHEN a man kums to me for advice, I find out the kind of advice he wants, and I give it to him; this satisfies him that he and I are two az smart men az there is living.”—Josh Billings. Nothing short of his positive denial will ever convince us that J. Billings did not, in early life, take a course of lectures in some medical college. However, he may have been only an assistant in some medical office.

GENEVIEVE TUCKER, M.D., of Northfield, Minn., sends us the working programme for the Twenty-Second annual session of the Minnesota State Homœopathic Institute. It lays out work for fifteen bureaux and appeals to non-members for assistance in carrying it to a successful issue by furnishing papers, etc. This looks like business. A lady for a secretary is a good idea. There will be some work done this year in Minnesota.

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Sanitary Science.

IS THERE A LAW OF HYGEINE?

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Up to the beginning of this century the treatment of disease was in a state of chaos. A man of pre-eminent ability would show the fallacy of the prevalent treatment and advocate a method of his own to be again overthrown, as was the one it superceded. But Hahnemann appeared and showed that it was not a new method that was needed in order to cure the sick, but that the crying need was for a *law* that would bring certainty where all before had been uncertain, and which would bring order out of chaos. He hoisted the banner with the magic *similia* thereon, and the vast mob began to form in the beautiful order of a well-disciplined army.

Hygea is in the same condition of confusion now that Therapie was in the last century. One method is the fashion for a while and then another pushes it aside. Thirty or forty years ago patients were starved to death; now they are stuffed so full that there is no room left for life. And to-day with maltines, peptonoids, beef extracts, digested milks, egg nogg, milk punches, *et id omne genus*, Nature's voice is drowned. And patients are sent to "Lone mountain" with certificates that ought to read, "Killed by mistaken kindness."

You are familiar with Hahnemann's reasoning, that God in

his infinite goodness could not have left man in his afflictions without a guide, and so if He gave a law for the administration of medicine could He have left his creatures without a guiding principle in feeding, airing, evacuating, etc.? No! I answer, He could not have made laws for everything but hygiene.

And as Hahnemann reasoned there could be but one of two laws of cure, so in hygiene there can be but one of two, namely, either our aversions or our longings. It cannot be the former, or so far from there being a survival of the fittest, no animated being could have ever reached maturity. If the individual, either man or brute, craved the noxious and poisonous, death would have been inevitable with food and poisons lying in abundance before him. So it must be that our desires guide us to what is beneficial.

And as many had glimpses of the law of cure, so many have partially perceived the law of hygiene. Hippocrates says in his aphorisms, Book II, aphorisms 4: "Neither satiation nor excessive abstemiousness is beneficial; generally speaking, that thing is injurious which is distasteful." And Hahnemann says, *Organon*, section 262: "In acute diseases, on the contrary (insanity excepted), the fine, unerring inner sense of the active instinct of self-preservation will decide the course to be pursued so clearly, that the physician will only have to advise the friends and attendants to obey this voice of nature by gratifying the patient's ardent desires, without offering and urging him to accept hurtful things," and in the following section: "The food and drink most commonly craved by patients suffering from acute diseases is generally of a palliative and soothing kind, and not properly of a medicinal nature, but merely adapted to the gratification of a certain longing. Slight obstacles which moderate gratification might place in the way of recovery are more than counterbalanced by the power of a homœopathic medicine, by the vital force liberated by the medicine, and by the refreshing effect of a satisfied desire. In acute diseases the temperature of the chamber, and the quantity of covering should be regulated entirely according to the wishes of the patient; while every kind of mental exertion and emotional disturbance is to be carefully avoided." And from Hahnemann's *Lesser Writings* I make the following extracts: "It is certain the beneficent Creator could not have founded it (rules

as to eating and drinking) upon the shifting standard of the professional dietists; he must have given us *an infallible guiding principle* to direct us in the selection of food and drink."

* * * "Moderation and attention to what best suits your individual constitution in every condition." I will allow a finger to be cut off if this be not the natural religion of the stomach and *the only infallible dieietic rule for every one*. We will see further on the interpretation Hahnemann puts on this.

"What mutilator of the rights of man' could have told you that our beneficent mother, Nature, has not endowed us with just as much instinct as we require? Who teaches the infant to prefer its mother's milk to pastry? Who instructs him that is sunk in grief and distress to take a glass of wine? Who tells the patient ill of a bilious fever to avoid meat? the dysenteric patient to pant for grapes? Who tells us when we are hungry, when thirsty? A rotten egg is just as repulsive to us as it would be dangerous to life, and arsenic is as abhorrent to a delicate tongue as it is fatal to the stomach;" and he tersely replies as to the bad effects of liquor on the drunkard and hurtful articles of food on the glutton, by saying: "To retort in that way would be as if from the innumerable daily example of want of conscientiousness we should seek to prove that there was no such thing as conscience.

"In its healthy state the human stomach only needs an instinct to direct us to certain classes of food, which we should partake of from time to time if we would continue in right good health. Thus, for instance, the peasant who has overworked himself, says to his wife when she is about to set before him cheese and eggs, 'I wish you would make me a little salad; if you have any sour milk, give me a little of the whey in place of any food, or something else sour.' Or if, during a couple of holidays, he has not had an opportunity of working at all, he will ask for weak soup for supper, or will not eat anything at all. Or, if he has been dissipating for a couple of days, he asks her for something strong, something tasty, a bit of bacon, cheese, peas, and the like. In this case he would feel as if he wanted something more, were he to get nothing but a dish of milk; he does not name any article of food in particular that he must absolutely have, he only wishes something of a very nutritious character. In like manner, many persons of from 80 to 90 years of age,

commence, from mere instinct, to live upon honey, sugar, and milk. Who informs them that such substances only will keep their fibres in a pliant condition? But whenever we get into a morbid state, and accustom ourselves to attend dispassionately to the wants of our stomach, then the voice of this true guardian of our life becomes louder and more audible. We perceptibly lose our appetite for certain classes and even varieties of food, and a desire for other classes and varieties is developed, without our knowing why. The pleuritic patient calls for water, cold water, the patient ill of putrid fever demands beer; soups and the like are intolerable to both.

"The delicate woman in this way puts chalk into her mouth and if we keep it from her she scrapes the lime from the wall and consumes it. She knows not that she has an intolerable void in her stomach, and still less does she know the chemical property of the chalk of neutralizing acids. What teaches her to swallow greedily this specific for her ailment? What else but the awakened wise instinct implanted by the infinitely wise wise Creator?

"The man who is extremely exhausted from starvation desires a spoonful of wine; what tells him that a supply of meat and bread which an ignorant person would endeavor to force him to swallow, might prove fatal to him?

"I saw a lying-in woman who, after a difficult labor, suffered from intolerable after-pains and a great loss of blood. She cried for coffee, although when she was well she could scarcely endure it. Who told her that her hæmorrhage resulted from atony of the womb, and this from diminished irritability of the fibres, and that the specific remedy for this was coffee? A few cups of very strong coffee were given to her, and hæmorrhage and pains ceased suddenly. Opium would have had no effect on such a case.

"A person who has contracted a bilious fever from anger and vexation, longs for nothing so much as fruit; Who tells him that this is almost the only thing that can do him good?"

Thus Hahnemann spoke, and what he says shows clearly that he had a comprehension of the law of hygiene that was all but complete. In only one thing does he fail, namely, that he limited this principle, or, better expressed, law, to acute diseases in the *Organon*, although in the *Lesser Writings* he made no

such distinction. But what valid reasons can there be to make a clear contradiction between the two? I can perceive nothing rational in such a distinction no more than there would be in saying that the law of the similars be applied to acute diseases only. I admit, however, a difficulty in chronic diseases; not, however, an insuperable one, namely, that in them we often have to deal with the perverted appetites of the drunkard, smoker, opium-eater, epicure, etc. We are not to accept that because a habit has been formed and the craving exists for noxious substances that they should, therefore, be freely given. In order to decide whether or not a given thing is innocent and its indulgence should be permitted, we must go back to the time that the appetite was in its original purity. Did the drunkard like his first glass? Did the smoker appreciate his first cigar? Did the opium-eater enjoy the taste and smell of the first opium he took? No! Nature revolted at all of them and protested vigorously. And to proceed to articles less noxious but still hurtful, the condiments of the table, coffee, and the like. Every one of them is rejected by the baby or the novice; so that we must go back in our investigations and reject everything as hurtful that the unperverted appetite revolts at.

There is another evidence that to the homœopath is irresistible; viz.: the *materia medica*. In a few cases this craving is the grand characteristic in the choice of the indicated remedy.

You all recognize the craving for salt as an indication for *natrum mur*.

The craving of onions as a guide in selecting *cepa*; and in the quotation I have given from Hahnemann wherein a patient with post-partum hæmorrhage longed for coffee, which gave prompt relief.

Another point on which our *materia medica* throws light is in the longings for things and the results which follow gratification, and aversions and the effects of antagonizing them. In these, at first sight, there appears to be a contradiction in some instances to my views. But let us investigate more closely. I have carefully gone over the first five volumes of Hering's *Guiding Symptoms*, in which these points are mentioned. In most of the drugs and in many of their symptoms are important characteristics, longings, or desires for articles of food or drink, and gratification is followed by relief. And also where aversions

exist, ignoring these is followed by aggravation. I will mention only a few of these. The desire of the belladonna patient for lemonade and relief thereby; of the bryonia one for warm drinks which are beneficial; of causticum for smoked meat, which agrees; the aversion of cyclamen and pulsatilla to fats, which derange the stomach. I might mention many more, but leave it to your own research.

But I found a list of respectable length, I confess, where a desire when gratified was followed by aggravation, a well-known instance of which is the insatiable thirst for cold drinks, drinking being followed by increased nausea and vomiting of arsenicum. In this case I am not prepared to say whether or not the cold water, although vomited, does not cool the stomach and do good. Since my present views I have not had an opportunity to make a trial. But I give this explanation: There are a few drugs which have opposite symptoms of longing for, and repugnance to, certain articles of food or drink, and still others have relief and aggravation from the same cause. I therefore infer that in the drugs which have a longing for anything and when gratified there is an aggravation following, that it is because a more complete proving, pathogenetic and clinical, will show that these drugs will also have aversion to those articles. This inference is based on the analogy of those drugs which have the opposite symptoms I have pointed out. This, however, I leave for further investigation, and even if my inference is not substantiated, my theory of a hygienic law will not fall with it.

I might go on and give cases I have observed bearing out my views, but not to wear out your patience I will ask if your own experience and observation cannot furnish cases enough.

I might go on and multiply evidence from the instinct of animals, the subsisting of the inhabitant of the tropics on the fruits and farinacæ, the feeding of the Esquimaux on the blubber of the seal and whale, and, moreover, that the inhabitants of the temperate zones find both inclination and experience require them to conform to the dietary of the natives.

The application of this law, if it is a law, is very wide. Under its guidance we even can tell when and how much the convalescent and lying-in-woman should sit up. We can regulate gymnastics, Swedish movements, massage, bathing, temperature of rooms, clothing, magnetism, application of cold and heat to

relieve pains, as well as eating and drinking and rectal feeding. In fact, all that relates to the restoration and preservation of health that is non-medicinal.

Its relation to the law of the similars is a harmonious one. The one guides in the administration of medicine ; the other, or law of hygiene, in all that is non-medicinal.

I have endeavored to show that this law, like that of the similars, had been glimmering before the eyes of Hippocrates; that Hahnemaan did all but formulate it when he spoke of it as "an infallible guiding principle," as "the only infallible dietic rule" and "the awakened, wise instinct implanted by the infinitely wise Creator"; and that the general bearing of the materia medica was in its favor. I might have gone farther, but leave it for you "to prove all things: hold fast that which is good."

THE CLIMATE OF SOUTHERN CALIFORNIA.

BY CHARLES DUDLEY WARNER.

It is warm in the sun, the thermometer may indicate 70 degrees ; it is even hot, walking out through the orange plantations and gardens that surround Los Angeles ; but there is a chill the instant you pass into the shade ; you still need your winter clothing, and if you drive or ride in the grip-cars over the steep hills you require a winter overcoat. The night temperature throughout California is invariably in great contrast to that in the daytime. Nearly everywhere fire is necessary at night the year round, and agreeable nearly all the year, even in southern California. I doubt if it is ever pleasant to sit out-of-doors or on the piazzas at night, though it may be in the hotter months, in the southern portion. But it is very confusing to the mind of the new-comer to reconcile his necessity for winter clothing to what he sees and almost feels ; in short, to get used to the climate. The invalid is thrown off his guard by appearances, and I should say that there is no country in the world where a person needs to use more care about taking cold. Yet this must be said : the air is bracing and life-giving. I did not, in any part of the state, in walking or taking any sort of exercise, feel the least fa-

tigue. A "cold," therefore, for a person in ordinary health and condition, is not the dragging, nearly mortal experience that it is apt to be in the east. Then the crowning advantage of the country, even if the climate is treacherous and needs watching in its effects, is that one can be out-of-doors nearly all the time, nearly every day in the year. Meantime, he can eat oranges, if he is not particular about the variety, and get rich selling prospective or real orange groves to eastern people. But he will never get over the surprises and contrasts of the country. We went one day, by rail, eighteen miles over the gentle hills, from Los Angeles to its lovely seaport of Santa Monica. Fine hotel, charming beach and sand bluffs, illimitable Pacific ocean. It was not a warm day nor a cold day, just the ordinary kind of a day to sell (I suppose one could buy a day's climate here, or half a day's, or swap off a morning for an afternoon with the real estate broker—and every man and woman *is* a real estate broker), but we wore thick winter clothing and carried overcoats, which occasionally were needed. Yet as many as seventy-five sane people were bathing in the Pacific ocean as if it had been August! Flowers, fruits, summer bathing and winter overcoats,—you have to get used to it.—January Atlantic.

Correspondence.

LOITERINGS IN EUROPE.

VIENNA, July, 1887.

EDITOR ADVANCE: Here is another great medical centre. The University of Vienna has nearly 5500 students, of which number 2,668 are medical, with a good sprinkling of Americans, perhaps seventy-five. The university buildings are large, handsome, massive structures and most complete in appointments and details. The hospital buildings are very suitable, commodious and numerous, located within walled enclosures covering over fifty acres.

We have here bright stars in the medical firmament. Professors Billroth, Carl Braun, Gustave Braun, Pawlick, Breisky,

Ultzmann, Kundrich, Albert, Hacker, Ditte, Lumpe, are some of the many.

Professor Billroth is pre-eminently *the* general surgeon of Austria. He is tall, well-built, has a white beard, gray eyes, and is about sixty years old—a scholarly man and a bold and skillful surgeon. His clinical amphitheatre is a rather dilapidated structure, in shape a parallelogram with a square operating space in the centre. The uncomfortable seats are arranged on all four sides; the light is from a large window facing the north; the furniture of the room is shabby, the ceilings patchy and the floor well worn.

On three sides of the operating space are cozy little cupboards with glass doors for instruments and surgical dressings. The odor of the room seemed impure; while under the operating table was the drain for the washings. Notwithstanding all these apparent disadvantages to surgical success, this is the very room where such wonderful work is done by one of the greatest of living surgeons.

A few of the operations may be of interest. A mammary cancer was quickly removed and with it the entire nest of the axillary glands. Strange that the mammary gland was not completely removed, but only such of the lobes as were affected. I was surprised at this.

The length of time to complete the operation was not a factor, for it would not have taken any longer to remove the entire mammary gland, and if all had been removed the stump would have been more slightly in contour and less liable to future injury. As it was, the stump was as if the breast had been split in halves from the nipple to the base, the sound half toward the sternum remained, the other, the diseased portion, removed. The ligatures and sutures were of silk. When every bleeding vessel was secured and the wound perfectly dry, three large rubber drainage tubes were left in different parts of the wound and the flaps closely approximated with stitches a half inch apart. No deep sustaining sutures were used nor any supporting straps. The dressings were iodoform, iodoform gauze, borated cotton; over this an iodoform bandage making a figure eight with the opposite axilla, and over all a plaster of Paris bandage which fixed the arm of the injured side. This dressing will not be disturbed for ten or fourteen days.

Excellent results were shown in the case of a butcher, who by accident had severed at the wrist the tendons of the extensor muscles. The gash was deep, penetrating the carpi bones. The tendons were carefully stitched together, and the external wound coaptated with close sutures: the dressings were antiseptic, and over all a plaster of Paris bandage. No pus formed. The hand could be perfectly extended. The result was a triumph for cleanliness and antiseptic dressings.

Very interesting was the male clinic with a fibroid tumor of the bladder. The viscus was lighted by an electric light placed within the bladder through a large-sized hollow tube slightly curved near the end. The bladder was first filled with water to distend and protect the coats from burning. Sometimes the heat is very intense and even with the water within it is not well to prolong the examination. The instrument was ingenious in construction and of service in diagnosis. After twelve minutes of dissection the bladder was opened by the median operation. The removal of growth occupied an hour. Suprapubic would have been the best method.

The inhumanity of the surgeon's assistants and nurses was very perceptible. A woman in *articulo mortis* from gangrene of the lung was placed on the table and without any general or local anæsthesia, a portion of the seventh rib resected. The woman lived two hours after this unnecessary operation. Clinics are treated like cattle; there is very little regard for life and great waste of clinical material. The patient is secondary; the operation primary. Many operations are cruelly performed without chloroform, and, after operations, patients made to walk out of the amphitheatre.

The assistants and nurses are unkind to the poor, suffering sick, and even some of the surgeons are easily provoked even to swearing. The nurses are women, coarse in manners, untidy in dress and immodest. They look and act like so many cooks. It is very difficult to get a good private nurse in Vienna. I have never seen such a useless prodigality of material for surgical dressings as at this clinic.

Professor Billroth is extravagant in the use of iodoform. The sponges used have three waters; first washed in permanganate of potash water, then in carbolic acid, and lastly in

bichloride of mercury. The surgeons and assistants wear linen coats with shut sleeves. The anæsthesia is chloroform. The assistants are either interne or externe. The interne are the first and second assistants and are paid \$600 and \$500 respectively, including room and board in the hospital, and have full charge and control of patients after operations. They are contented to remain as assistants till promoted to surgeons in this or some provincial school. Some may be forty years old, and have held the position of second and first assistant for ten or fifteen years. Not unfrequently are these assistants authors of standard popular works on some branch of surgery. The externes do not receive pay or remuneration; they board and room outside of the hospital and each is required to do the dressing of sixteen surgical patients.

Albert ranks next to Billroth. Dilte and Lumpe are good operators. Pawlick is promoted, going to Prague. He is said to be very scholarly and an able linguist.

The genito-urinary surgeon is Professor Ultzmann. He is very expert in crushing a stone. A stone weighing one and a half ounces was broken and all fragments washed out in a half hour and not a drop of blood. He does not use the electric probe for the bladder; he says it fails to work when wanted.

Prof. Carl Braun is the gynæcologist: his operating room is not so convenient as Professor Olshausen's at Berlin. It is well lighted by a large side window and by an electric lamp. The latter is very useful in making light the dark abdominal recesses.

The room, before operation, is sprayed with carbolic acid or thymol, the preference given to the latter. The experience of Dr. Thos. Keith has influenced Professor Braun to be cautious with the carbolic acid spray. Mr. Keith told me that he had seventeen hæmorrhages of the kidneys from as many operations for ovariectomy, when the acid was sprayed. Since abolishing it he has had no bleeding, nor has he lost an ovariectomy from nephritis, whereas, before leaving it off, three died from this disease, caused from inhaling the vapor of carbolic acid.

The top of the operating table is glass, the supports of galvanized iron. His method of operating in Cæsarian section

differs in some points from others. The abdominal walls are cut to the womb, which is brought outside of the abdomen, the walls of which are closed with temporary clamps thus preventing chilling of the viscera and soiling of the abdominal cavity. A rubber cord is placed around the neck and gradually tightened as the operation proceeds. The foetus is then removed and after this the uterus with or without the ovaries. It is said the Austrian law compells the operator to remove the uterus or the ovaries in Cæsarian section.

It is not necessary to give the details of his methods of removing ovarian or uterine tumors, for in the main they do not differ from Olshausen's. The sponges in this clinic are prepared by using three different washings; the first is the permanganate of potash, the second oxalic acid, and the third carbolic acid.

In the lying-in-rooms some points were observed as follows: the inside of vaginal walls are, if possible, not touched with the fingers. The obstetrician does not hesitate to cut the perineum if the head is large or the outlet of vagina small or rigid. The eyes of new-born children are washed with a weak solution of nitrate of silver; the rectum is washed out with a small injection to know if perfect; a few hours after birth the patient is changed to another room. Here there are three thousand births a year, while at Berlin there are only fifteen hundred.

Professor Kundrick is the pathologist. Perhaps this is *the* best place to study pathology. Six to eight bodies are examined every day and the room, furniture, and conveniences for such dissections are models for comfort and completeness. The professors are paid well for their lectures, and the surgeons should be able and skillful for they are good anatomists and pathologists, and from their long hospital experiences, which may extend over a period of fifteen years, from a dresser to surgeon, and during this time under the best of masters.

American students labor under many disadvantages in pursuing medical studies here, among which are, an insufficient knowledge of German—the lecturers are very rapid talkers, pay no attention to rhetoric or delivery, and dwell over and over again on minor points; the rudeness of the Austrian

students obstructing the view and preventing the average modest American from seeing many important operations; and, unless an interne, the practical experience is limited to diseases of the eye, ear and throat. Student's living is about a dollar and a quarter a day. It is a very beautiful city, and has many handsome buildings as the university, government, opera houses, theatres, churches, and cathedral of St. Stephen's. The Ring is a magnificent boulevard one hundred and sixty-five feet wide, and two miles long. It surrounds the inner town, and occupies the place of the old ramparts. Many of these buildings are on the Ring, with beautiful gardens, fountains, statues and flowers. The Ring Theatre was on this boulevard; it was burned in 1881 with a loss of nine hundred souls.

The wide, deep and swift-rolling Danube is near, and between the city and the river are very large parks, artistically laid out and having many gardens, where the most classic music can be heard by a Strauss or other celebrated band.

Schoenbrunn is a splendid suburban imperial residence, where Napoleon the first had his headquarters and where his son died.

H. F. BIGGAR.

OUR FOREIGN LETTER.

State of the Crown Prince—Trick Played Upon Professor Virchow by Dr. Mackenzie—Probable Duration of the Disease—Imprisonment of Dr. Castelnan—M. Pasteur—Unaccountable Opposition to his Preventive Treatment by Homœopathists—His Magnificent Past Achievements—His Proposal for the Extinction of Rabbits in Australia—Increased Favor of Cremation—Sir Spencer Wells on Subject: Vegetation and Geology of Cannes—Late Jenny Lind.

The truth with regard to the Crown Prince has been allowed to come out in a somewhat unexpected and explosive manner probably because a catastrophe was apprehended, and it was thought wise to anticipate the storm which must ensue. The person most to be pitied is undoubtedly not the Crown Prince himself, nor Bismarck, but Virchow, who, after founding the science of pathology by discovering the cell or "bion" or "protoplast," or "bioplast," as it has been successively named, falls a victim to a vulgar piece of jugglery such as that played upon him by Dr. Morell Mackenzie. Last spring, as is perfectly well

known, two eminent Berlin specialists in charge of the Crown Prince, pronounced him to be suffering from cancer of the larynx and advised complete extirpation of that organ as a means of prolonging, though not of saving, life. For political reasons it was thought wise to keep the Prince's condition secret, and the only means of doing this which suggested itself was to summon Dr. Morell Mackenzie, who excised a piece of the healthy mucous membrane covering the glottis, and submitted it for inspection to Professor Virchow. It is not surprising that the unsuspecting sage, supposing that he had been supplied with a piece of the tumor, pronounced it to be "benign."

It is now, of course, announced officially that the growth is malignant but those best qualified to give an opinion anticipate that the Prince will live at least a year, if not several, cancer of the larynx being usually slow in growth.

The imprisonment of Dr. Castlenan, of Paris, for personation and fraudulent procurement of money from an insurance company, to which I drew attention in my last letter, must be somewhat of a relief to M. Pasteur who was the constant object of his violent attacks in the daily prints. Dr. Castlenan did for M. Pasteur in the lay press what Dr. Petre did in the Academy of Medicine, *i. e.*, opposed him with a violence not consonant with a true spirit of scientific inquiry. Is there no *cachot* in readiness to receive Dr. Petre.

I never quite understand the attitude taken up by many homeopaths with regard to M. Pasteur; with some it seems almost a personal matter. There certainly can be nothing antagonistic to homœopathy in his method; on the contrary, it seems quite reasonable to suppose that the *rationale* underlying both the Hahnemannian and Pasteurian methods is the same. The protoplasm composing the tissues—leucocytes, fibre-, nerve-, or muscle-cells of the animal organism—it is supposed cannot take on two similar abnormal actions at the same time. Thus human beings, in whom the tissues and cells have been modified by the action of vaccinin, cannot take small-pox; those who have had the mitigated form of rabies are not liable to the subsequent development of the perfect disease, etc. In the same way bryonia taken during an acute attack of pleurisy, substitutes the mitigated drug-disease for the inflammatory form present, and the latter must yield. Apart, however, from all theories, which

after all are mere matters of speculation and curiosity, we have every reason to believe in the *man* without pinning our faith to the success of his ante-rabic treatment, which cannot be firmly established till the lapse of some years. M. Pasteur has almost annihilated that terrible scourge to agriculturists, *charbon*, *splenic fever* or *malignant* pustule, by inoculation of the cultivated virus of that disease. Inoculations are now practiced upon thousands of sheep and oxen by officials established by the government for that purpose. Farmers are an eminently practical race and it is not to be supposed that they would incur the risk and expense of submitting their cattle and sheep by thousands to these inoculations were they not convinced by experience of their efficacy. As I have said, the complaint is now almost extirpated, and equally brilliant results have been obtained in the case of that curse of the poultry-yard, *chicken cholera*.

Apropos of this last disease, I see that M. Pasteur proposes to utilize it for the extirpation of rabbits in Australia. The government of New South Wales has offered a prize of £25,000 (\$100,000) for the discovery of the best means of destroying these creatures who have multiplied to such an extent in the colony as to have become a veritable scourge. The means used must not be such as would be injurious to domestic animals. What is wanted, M. Pasteur suggests, is a poison endowed, like the animals themselves, with life, and multiplying with similar rapidity. An attempt should be made to introduce among the rabbits a disease which would become epidemic. There is such a disease, known as *chicken cholera*, which is common to poultry and rabbits.

A certain number of rabbits should be fed with food watered with the microbes of this complaint; they would thus catch the disease and spread it in all directions. The complaint is not communicable to four-footed domestic animals.

The disposal of the dead by cremation seems to be steadily on the increase; the first crematorium established in Europe was the one at Dresden, where Sir Charles Dilke caused the first Lady Dilke to be cremated; the next opened was at Milan, and it was here that a well-known English lady had her bosom friend cremated in compliance with the deceased lady's expressed desire but contrary to the wishes of the relatives. The cremation was the cause of a protracted lawsuit, the friend suing the

relatives for the expenses incurred by her in transporting the deceased to Milan and having her cremated there. The relatives refused to pay and the case was taken from court to court till it was finally won by the lady.

The next crematorium established was at Rome. Three years ago I was there shown a small room attached to the cemetery outside the Porta Lorenzo, fitted with a number of shelves upon which were rough deal boxes about one foot cube in measurement, bearing cards inscribed with the age and name of the deceased. Each box contained the whole of the ashes produced by the incineration of a human being, and the municipality habitually disposed of all deceased paupers in this way, also undertaking to reduce to cinders any bodies presented to it *free of charge*. Few municipalities have surpassed that of the capital of christendom in this respect.

For some years a crematorium has been in function, spasmodically, at Woking, since the Welsh prophet, as he styled himself, proved the legality of the proceeding by erecting a funeral pyre in front of his house and publicly cremating his illegitimate offspring according to the rites and ceremonies of the ancient druids. He was immediately proceeded against in consequence, but the judges decided that cremation was not contrary to English law provided it was managed in such a way as not to be a public nuisance.

The last crematorium has been opened at Paris and is provided with a furnace capable of reducing a body to ashes in four hours and a half.

According to Sir Spencer Wells, the mode of disposal of the dead by burial in the earth has, since the dawn of the sanitary age, been denounced as dangerous, and much has been done to stop burials within churches and graveyards in large towns. Many of the suburban cemeteries, however, are now as dangerous as town graveyards were fifty years ago, owing to the great increase of population. The help of the whole of the medical profession is required to reinforce the gradually awakening public sentiment that the modern slow process of putrefaction is revolting and should be replaced by the purer and more rapid ancient process of cremation. Mr. Darwin has proved that every part of the soil of old pastures has passed through the intestines of earth-worms. Pasteur also has proved that the super-

ficial mould in a field where diseased cattle have been buried contains specific germs, and that the same specific germs are found within the intestines of earth-worms, and when inoculated propagate the disease. What has been proved to be true of splenic fever may be true of small-pox, typhoid, scarlet fever, measles, yellow fever, malaria and cholera. Each body of a person dead from one of these diseases contains myriads of specific organisms which may retain their latent vitality for many years, like a grain of corn or flower seed, and communicate the specific disease when favorable conditions arise. The bodies of the 476 persons who have died in London of scarlet fever during the last three months compose a mass of 50,000 pounds of animal matter slowly undergoing putrefactive changes, charged with myriads of parasite germs, and constituting a storehouse of of poison preserved for the future destruction of the coming race. This great danger would be entirely got rid of were cremation obligatory or even general.

Apart from the possibly exaggerated picture drawn by Sir Spencer Wells, it is not doubtful that cremation is the most sanitary mode of disposing of the dead, but there remains the very great medico-legal objection that many homicides by poison would escape detection. As an example of this may be cited the numerous Liverpool poisoning cases: Two common Irish women hit upon the idea of subscribing to burial and friendly societies for their husbands, brothers and friends, and then poisoned them. By putting down their names in several burial clubs simultaneously, these cold-blooded women reaped quite a substantial harvest and no suspicion whatever arose till some time after their victims had been buried, when the secretaries of the societies, observing that the same women came over and over again for burial money for one or other of their relations or friends, instituted inquiries which led to the exhumation of the bodies and the discoveries of large quantities of poison in them. Now it is quite certain that had the bodies been cremated detection and conviction of the culprits would have been impossible. As for Sir Spencer Wells' proposition, that each body should be examined for every possible poison before cremation, it is perfectly impracticable, the cost alone rendering it out of the question.

I have often been struck with the great difficulty in inducing

weakly persons to spend their time out of doors ; they, especially, if belonging to the ornamental sex, will spend hours in their rooms absorbed in apparently trivial occupations rather than enjoy the feast of air and sunshine, provided for them by nature out of doors. Cannes possesses in profusion all those allurements and scenery and nature, of botanical and geological treasures, which should tempt invalids of all tastes out of doors. The prevailing vegetation, both cultivated and wild, is evergreen ; pines, myrtles, carouba and cork trees being examples of the former, and oranges and olives of the latter. The reason of the great preponderance of evergreen over deciduous vegetation is not far to seek—the soil is comparatively barren while the sun's rays are powerful ; hence little nourishment is derived from the earth, and the growth of plants must be maintained chiefly by means of their leaves, which act like lungs, decomposing carbonic acid into carbon and oxygen with the help of the sun's rays. How much a plant owes to its leaves is plainly shown by the wonderful luxuriance of the carouba trees. You will see one perched on an arid crag where the roots can find but little soil and yet the leaves grow most luxuriantly, and it will bear a most valuable crop of pods which are used as fodder. Now, it is evident that were the tree deciduous it would have to depend for half the year upon the sustenance derived from the soil by its roots which in so arid a region would not be sufficient for its existence. Besides the interesting vegetation of Cannes, abundant out-door occupation should be derived from its very curious geological formation. The old town itself, as well as its eastern suburb of Californie, is built upon primary crystalline rocks such as gneiss, granite, etc. These rocks are, of course, of the greatest antiquity, being in fact part of the formerly molten mass of the earth which has gradually cooled to form the earth's crust. The fact that the gneiss and granite is uncovered by any stratified rocks such as sand or lime-stone, shows either that this particular spot of the earth's surface has never formed the bottom of a sea or lake, or that it has been driven through the surrounding layers of lime-stone, etc., by subterranean volcanic action.

The death of Madame Lind-Goldschmidt (Jenny Lind, the songstress) sets me at liberty to state a few particulars with regard to her last illness. Some of the best known allopathic

journals with characteristic meanness have attempted to ascertain the nature of her complaint in order to pursue their well-known policy of securing a sale among the lay public by catering to London club gossip. Usually they find medical men quite willing to divulge the details of the illnesses of any well known persons they may happen to be attending in exchange for a little advertisement of themselves, but in this case I was very glad to be able to frustrate this vulgar curiosity. She came under me here about this time last year and was apparently suffering from chronic diarrhœa. I, however, observed that the total quantity passed in twenty-four hours did not amount to a tablespoonful, and this fact taken in connection with the other symptoms, such as great distensia with wind, constant dyspepsia, loss of flesh, etc., led me to suspect that the patient was suffering from obstruction rather than true diarrhœa. Acting upon the suggestion of the patient's able medical attendant (Dr. Carfrae, of Mayfair, London,) who believed that carcinoma was present, though owing to the peculiar sensitiveness of the patient he had never been permitted to confirm his diagnosis. I contrived to steel a march upon the poor lady and made a rapid rectal examination before I could be prevented, with the result that I discovered a large ulcerating scirrhous mass in the rectum about an inch from the anal orifice. The friends were, of course, much distressed when the sad fact was communicated to them, but were reassured by an eminent surgeon who was able to state (without leaving London) that what the ignorant homœopath had mistaken for a scirrhus cancer was merely a compacted mass of fæces! In making an assertion so easy of refutation, the great surgical luminary committed, what, according to Talleyrand is worse than a crime—namely, a blunder—for he himself and his nominee were completely discredited.

It is curious that Madame Goldschmidt from first to last never had actual pain in the region; this is only explicable on the supposition that the growth was so situated that it had room to expand freely without unduly compressing either itself or the surrounding tissues. Her end was hastened by an apoplectic stroke, which can only be looked upon as a merciful dispensation, for though she had no pain, she suffered from constant discomfort which made her life a burden.

Surgery.

SURGICAL NOTES.

J. G. GILCHRIST, M.D., IOWA CITY, IA.

BERNAYS' OPERATION FOR CANCER OF THE STOMACH.—In the December number of the *Annals of Surgery*, Dr. Bernays, of St. Louis, Mo., has a very interesting article on carcinoma of the stomach, in which he describes an operation having the intention of prolonging life. The fact is emphasized that the majority of such cases are brought to the surgeon in the stage of dispersion, when the morbid action is no longer local, so that any expectation or hope of extirpation of the *disease* is entirely out of the question. The chief objection to be urged against the various methods in vogue in such cases is that the operations are in themselves of an eminently formidable character, and, from the nature of the case, as nothing but a simple prolongation of life and mitigation of the sufferings can be looked for, the means and the end are not commensurate. In fact, so many cases have succumbed to the shock of the operation alone, that few surgeons would advise extirpation to-day. Dr. Bernays attention was directed to his operation (which is a curetting of the tumor) by the success attending curetting of the uterus for similar affections. Statistics seem to prove that the prolongation of life is far greater, and the immediate danger much less, than when hysterotomy, either vaginal or abdominal, is attempted. His method is, briefly, to make a gastrotomy, forming a permanent fistula in the near neighborhood of the tumor, and through this scrape away all morbid tissue with curettes, sharp or blunt, or some other convenient instrument. The two cases he reports certainly fully bear out his claims, recovery from the operation being prompt and rapid, and the relief afforded immediate. Another strong claim is that through the fistula subsequent curetting can be readily done on the first indication of renewed growth. The operation must take its place among the *classical*, and bears internal evidence of value. There is a fact incidentally mentioned that has not been sufficiently dwelt upon by surgical writers nor properly

appreciated by practitioners, that should be suggestive therapeutically. This is that the active dispersion of the carcinoma does not occur until the muscular tissue is invaded. The elements of the tumor coming from the mucosa, as long as the growth is confined to this tissue, it may be considered local and consequently in good condition for removal. It would thus appear that where such a state of affairs is found a more formal extirpation might properly be made, as the risk of recurrence is small and the loss of blood is much less than follows a curetting.

OVARIOTOMY AND "ANTISEPSIS."—I have lately seen the "technique" of laparotomy laid down, in one of our journals, with such minute directions as to antiseptics in all its multifarious details, that I am tempted to report a case in which anything of this kind was utterly disregarded, and yet the result was quite as good—to claim nothing *more* than this—as the most rigid bacteriologist could claim. The experience is not by any means unique, the case being only one of many, but happens to be the only one in which I have had the privilege of conducting the after-treatment.

CASE.—Mrs. E. M. L., age 56, American, mother of several children. For two years has suffered from a gradual enlargement of the abdomen, which has now attained enormous dimensions. The rational signs of ovarian cyst were pronounced, and need not detain us. She suffered much from dyspnoea, vomiting, and cedema of the feet, sometimes extending to the knees. She was much emaciated, feeble, but of good courage. She came into the hospital Oct. 8, 1887, and after recovering from the fatigue of the journey, the operation was made on the 13th, in the presence of the senior class of the department, and my colleagues of the faculty. The operation was made in the room she was to occupy, and for some reasons growing out of the recent opening of the hospital, in the cot which she retained throughout. Dr. E. P. Green, the house surgeon, administered the anæsthetic (A. C. E.), no morphia, stimulation, or other preliminary treatment being given. The surface of the abdomen was not "disinfected," simply bathed, about an hour before commencing. Abdominal section being made, the tumor was found to be non-adherent on its anterior face, but quite firmly attached

in the pelvis (right side), and on its upper and posterior surface. It proved to be polycystic, as many as eighteen cysts being found—the larger of which were emptied by means of the Well's trocar. The tumor finally turned out, the pedicle tied with ordinary ligature silk, cut with scissors, and the stump seared with the actual cautery. The peritoneal cavity was carefully sponged out, and the wound closed as usual. Twice during the operation alcohol and water (1 to 5) was subcutaneously injected, as the pulse became weak. On examining the tumor after removal some colloid masses were found in the smaller cysts. The wound being closed, a cloth wet with a dilution of hypericum was laid on; over this a layer of cotton batting, and the whole held in place by a "binder" snugly applied. Aconite 30th was prescribed, in hourly doses, all soiled or wet garments removed, and quiet enjoined. There was no drainage attempted, and in fact nothing was done other than the above. The temperature varied from normal to 100 or 100½, for most of the time; on the 6th day it reached 101½, with some abdominal tenderness, which yielded at once to aconite.

Oct. 28th.—Had morning diarrhœa, promptly cured by pod.

Nov. 5th.—Diarrhœa returned, and continued unimproved for two or three days, when colocynth caused a speedy cure.

Nov. 7th.—For sweating at night, and at meals, had carbo veg., and on the 12th went home well.

The wound healed without more than a few drops of pus. Stitches removed on the sixth day. The record is not given at length, but is sufficient to show the main facts, and with other cases, not a few, with similar management and result, would seem to suggest that the "strict antisepsis," in the popular meaning of the term, is not, at least, *indispensable* in laparotomies.

DIAGNOSIS OF TUMORS OF THE JAW.

Prof. Wm. Tod Helmuth, in the December (1887) *Annals of Surgery*, has a paper, written in his usual happy style, in which he assumes that as tumors in this region are usually malignant, and recurrence the rule, minute diagnosis is not needed, particularly as the microscopists are often mistaken, and cannot, as a rule, make or confirm a diagnosis until the tumor has been removed. Admitting, for the sake of argu-

ment only, the truth of the above statement, minute diagnosis, that is placing the tumor in some class, is a very essential thing for purposes of prognosis, if for nothing else. But the statement is certainly not literally true. It can be admitted that tumors of the same species cannot, at all times, either before or after removal, be accurately named as to variety, nor is it necessary that they should. If we adopt the somewhat venerable English clinical classification, there are few cases in which the accomplished surgeon would fail to diagnose a benign, semi-malignant or malignant growth, and such decision would not only go far in determining the treatment to be pursued, but would be of infinite value to the patient, as giving some reasonable basis for a prognosis. Most experienced men can go even farther than this, and decide upon the particular variety. Then again, *is it true that tumors about the jaws, either upper or lower, are so generally malignant?* Such has not been my own experience, which, however, is not to be compared to that of Dr. Helmuth. Most of the tumors I have seen in this region, have been fibroid or fibrous; some of them, such as Salter so well described, intimately connected with some trouble about the teeth, the removal of which is necessary to prevent recurrence. No one knows better than the microscopist the misleading testimony of the microscope now and then; in the majority of cases the most expert manipulator will fail to diagnose a tumor, if a section is given him without any clinical history, or knowledge of the *part of the tumor* from which the specimen was taken. The same tumor may, indeed, be round-celled in one section, and spindle-celled in another, or even caudate cells in a third. But the growing portion would not be composed of the same elements as the centre, nor it, again, as the oldest portion. The primitive cell is round, it takes on other forms as it develops; if the cells are *all* round, in a given section, the examiner who has seen no other section is justified in calling it a "round-celled sarcoma." If he had the whole tumor, from which to make his own sections, and a history of the case, he would be a poor microscopist who would fail to reach a correct diagnosis. Dr. Helmuth must not do the microscopist an injustice, nor undervalue his aid in tumor-diagnosis.

Clinical Medicine.

THE DIFFERENTIATION OF DIPHTHERIA FROM FOLLICULAR TONSILLITIS, MEM- BRANOUS CROUP, SCARLATINA.

LESLIE MARTIN, M.D., BALDWINVILLE, N. Y.

When we come to compare carefully the statements of various authors who have written upon the diagnosis of diphtheria in its incipient stage, from that of follicular angina or tonsillitis, we learn that a few say that it is comparatively easy, while the greater majority of writers claim that it is very difficult to discriminate correctly. But we observe that they do have, in the early stage, symptoms very closely allied to each other, and we can, at present, generally discriminate between the two affections, if we bring to bear the entire history, and a careful comparison of the prodromic symptoms.

For these fine and well-drawn discriminations and comparisons we, as homœopaths, do not have to wait to prescribe intelligently for our patients, as we do not wait for the disease to be fully developed, before we can classify it as the allopaths do to treat it, but we directly treat the patient, and not wait for the name of the disease. And in this manner of prescribing we do not lose valuable time. You may ask, Why this comparison? Why give the differential diagnosis? I answer that it is individuality.

DIPHTHERIA.

Redness of the fauces is more intense, but less uniformly diffused.

Not much pain and soreness the first two or three days.

The tonsils are more tumid, and one side is more affected than the other.

Prostration never absent.

First stage, false membrane does not always form.

Constitutional phenomena of first stage well marked.

Local phenomena varied.

Rarely phlegmonous.

Œdema of glottis rare.

FOLLICULAR TONSILLITIS.

Redness of fauces, but not diffused.

Pain and soreness generally severe the first two or three days.

The tonsils are not so tumid and one side only may be affected.

Prostration not marked.

First stage, whitish patches of secretion generally deposited.

Constitutional phenomena not well marked.

Local phenomena not varied.

Always phlegmonous.

Œdema of glottis common.

The lymphatic glands at the angle of the jaw and beneath the sterno-mastoid are always enlarged.

Temperature not high.

Cutaneous eruption occasionally.

Tendency to the formation of false membrane.

Yellowish patch of exudation moulded to the surface, the deposit does not assume a soft, pultaceous form, is not easily removed, its borders not well defined, and is not seen to proceed from the follicles of the tonsils.

The secretion cannot be readily wiped off the glands.

Secretion of nose and mouth very offensive.

Paralysis.

DIPHTHERIA.

Constitutional symptoms generally lighter, pulse neither so rapid nor temperature so high.

Less anorexia, more prostration.

Temperature often quite low.

Implication of larynx common.

The throat not so uniformly reddened, and if there is any membraniform deposit, it is not easily detached.

Eruption sometimes vesicular, or like urticaria, or in bright-red patches—rubeolar, roseolar or erythematous.

Exudation not bilateral or diffuse.

Rash disappears on pressure.

Eruption appears first on hips and extremities and lasts five or six days.

Albumen in urine, first stage.

Never followed by desquamation.

DIPHTHERIA.

General and asthenic inflammation.

Fauces and nares first invaded.

Fetid breath, a sanious discharge from the nostrils, and lymphatic glands swollen.

Contagious.

The lymphatic glands are not enlarged at the commencement of the attack, nor those beneath the sterno-mastoid at any time.

Temperature high.

No cutaneous eruption.

No tendency to the formation of false membrane.

Yellowish patch of exudation not moulded to the surface, the deposit assumes a soft, pultaceous form, is readily removed, its borders being well defined, and it is seen to proceed from the follicles or crypts of the tonsils.

The secretion possesses neither texture nor adherency, and can easily be wiped off the glands.

Secretion of nose and mouth not necessarily offensive.

No paralysis.

SCARLATINA.

Constitutional symptoms more severe, pulse rapid, and temperature high.

More anorexia, less prostration.

Temperature high.

Implication of larynx rare.

The throat is more uniformly reddened, and if it be the seat of membraniform deposit, it is soft and easily detached.

Eruption rarely or never vesicular.

Exudation in throat is diffuse and tends to be bilateral.

Rash does not disappear on pressure.

Eruption appears first on neck, breast and abdomen and lasts two or three days.

Albumen in urine, second or third stage.

Always desquamates.

CROUP.

Sthenic and local inflammation.

Larynx attacked first, then extends to trachea and bronchi.

Absent in croup.

Not contagious.

Paralysis often follows.	No paralysis.
Usually endemic or epidemic.	Usually sporadic.
Frequently attacks adults.	Rarely attacks adults.
May be without exudation.	Always has exudation.
Death without impediment to respiration.	Fatal by stenosis.
Inoculable.	Not inoculable.

DIPHTHERIA.

A. MCNEIL, M.D., SAN FRANCISCO, CAL.

Annie Skinner, fifteen months old, recovering from an attack of diphtheria she had two weeks ago. I saw her at 9 P.M., Dec. 13, 1887. She had been sick three days and the attending physician had retired from the case saying she could not live till morning. She had had mercurius bin. and two other remedies which I could not recognize.

She had had eight convulsions of atonic character, the disease had invaded her nose so that she could not breathe through it, and respiration was carried on through her mouth. Some mucopus was coming from right nostril; an eruption on the skin, which was becoming paler; cervical glands on both sides swollen; pseudo-membrane on both sides of throat white; not much fetor. She had passed urine at 5 P.M., last one four hours before was strong-smelling and staining her diapers green. She was very restless, crying, tossing and contorting herself and struggling for breath. There was much rattling about the posterior nares. She would not drink water, struggling against the medicine I administered in solution. She could still nurse, but did it only after long intervals. I gave rhus tox. 200, in water, a dose every hour till next morning.

December 14, 9 A.M.—No convulsions, no urine, mucopus from both nostrils. Gave placebo.

At 9 P.M.—Had had four convulsions, respiration loud and difficult. Picks her fingers and there is a small red swelling on her thumb. Rubs her nose. No urine. Arum triph., 30, in water, a teaspoonful every hour.

Next morning.—Much better. Urinated three times, no smell or stain with it. Nurses well. Placebo.

Following morning.—Had slept eleven hours with some inter-

vals. Wants to play. Nurses all she can get, and took two teaspoonfuls of milk. Breathes through her nose.

Following morning.—Not so well. Return of former symptoms. Arum trip., 30.

In the evening.—No better. Urine stopped. Two convulsions. Arum triph., 10m, one dose.

Next morning.—All symptoms better. Placebo.

On the 21st.—Discharged cured.

Saw her on the 9th of January, 1888. Is lively and well, except cross, and her eyes glue up at night. Sulphur.

CURES FROM THE FRENCH JOURNALS.

[Translated by A. McNeil, M.D., San Francisco. From Allg. Hom. Zeitung.]

The old school knows no other means of removing keloid than by surgical operation, which does not prevent a return of the disease. It is the same in this as in all abnormal growths (Wucherungen) which according to Valentine Mott return after removal. Homeopathy cures these without the knife and assists the *nisus formativus*.

Dr. Eugene de Keghel, of Ghent, has, according to the Union Homœopathique in its July number for 1887, which is published by Dr. B. Schmitz, of Antwerp, cured a case of keloid, with sulphur 30. A man consulted him on account of an enteritis which by bad treatment had become chronic. The patient had a keloid on the sternum which had a diameter of six centimeters (one and one-half inches) and an elevation of twenty-five millimeters (one-tenth of an inch). It was hard and shone like mother-of-pearl and pained at times. He had had it treated without any benefit and had therefore given up doing anything for it.

Dr. De Keghel gave him two doses of sulphur 30, at intervals of four days. The enteritis was not only cured thereby but the tumor in fourteen days disappeared except a slight scar, and the pains vanished as if blown away.

It is true that sulphur has not produced a keloid, but it has caused symptoms *similar* to those of that tumor. The motto of Hahnemann is "*similia similibus curantur*," not "*paria paribus curantur*." The opponents of homœopathy constantly substitute

the latter formula as the law of homœopathic physicians, and thereby *deceive the public*. Men of culture should not permit themselves to be thus misrepresented and have homœopathy and isopathy confounded ; for example, Pasteur is an isopath.

In the same journal it is reported that Dr. John Clarke, of London, cured a female patient of 14, of a keloid on the temporal region with silic. 3x. This low potency permitted a daily repetition of the drug. In seven months she was cured of her keloid, and after one year more it has not returned. At the end of three months the diminution of the tumor was perceptible and it visibly continued to decrease till gone. In the beginning it was an inch long, rectilineal, and three lines wide and two high. It was a brilliant red, had tubercles in it and was painful since the first operation on it. All three operations were without benefit. Dr. Clarke selected silicia because it stands in close relation to eruptions, tumors, indurations and cicatricial growths. He also took the constitution in consideration. The patient was blonde, pale, phlegmatic, short in stature and somewhat corpulent. She continually complained of a frontal headache. This symptom is found under silicea in the *materia medica*.

CURES BY THE ANALOGY OF SYMPTOMS.

By Dr. von Villiers, Jr.

I was led to this way of selection by a cure performed by my father, which is reported in Band V, of the *Inter. Homœopat. Presse*, of a case of incontinence of urine, which occurred always *on lying down* and which ceased as soon as the patient sat up. He gave kreasote with a brilliant result because of its analogy in curing metrorrhagia with that condition.

Afterwards in treating a man of 40, who had suffered for a year and a quarter of asthmatic attacks which came either day or night and which did not permit him to lie down. The paroxysms *gradually increased and decreased in the same way*. Retinitis albuminuria was present, albumen in the urine and œdema of the feet. All the usual remedies had failed, and guided by that characteristic of stannum, it was given in the 30th cent., four drops in eight days. Improvement occurred on the fourth day and the albumen disappeared on the tenth. After repeating the 3d trit., he was cured. An ophthalmoscopic investigation was not made.

The second case was an anæmic girl of 17, who suffered from

a violent pain in the stomach which was *relieved after eating*. She had chlorotic phenomena also. The symptom *relieved after eating* occurs with rhododendron, although in another connection caused me to give it in the 30th potency, one drop. In four days an improvement set in which was interrupted by a relapse arising from an error of diet, which was relieved by the same dose of the remedy, and in four weeks she felt entirely well. Afterward another relapse, also caused by an error of diet, set in in which rhododendron did not cure, but it was discovered that the pain was no longer relieved by eating. But there was anxiety from every movement. This guided to the choice of *nux vomica*, which relieved within two days and was not followed by a return. However, the chlorosis was not cured by this remedy.

A woman of 23 was afflicted by a headache in the temples with single stitches, *relieved after eating*, which was not affected by any other remedy. In four days the headache was entirely removed by rhododendron 30, four doses, but returned in eleven days. Rhododendron did not help her now, but relief after eating is no longer present. She is still under treatment.

Gynecology.

DYSMENORRHŒA.

(Notes from a Lecture by Professor Porter. Reported by W. C. Hakes.)

In dysmennorrhœa you will find that the bulbar portion of the uterus and the ovary enter into a state of contraction during the dehiscence of the ovum, from the swelling and congestion of the erectile tissue in these organs; and the more they are filled with blood the more do these muscles contract. If such is the case in the normal physiological state, is it to be wondered that under morbid circumstances such contractions should reach the highest degree of intensity?

In congestive dysmenorrhœa you will have the general character of the spasmodic form. But here the cause of the spasm is in the over-filling of the cavity as well as the walls, with blood.

Sims states that, "*there is no dysmenorrhœa without a mechan-*

ical cause." This teaching, like others of the dominant school, we must reject, although it has become almost a dogma as a gynæcological law, and is even accepted by some of our own specialists. But from a physiological standpoint we are abundantly able to refute this creed and to demonstrate beyond a doubt that the supposed narrowing or constriction of the uterine cavity at the point of flexion, during menstruation, on the principle of the complete or partial closing of a rubber tube when bent on itself is a *fallacious theory*—that instead of having an obstruction at the constricted place of the uterus, we have just the opposite condition—a correction of the flexion (ante-flexion) and a free escape of the menstrual flow provided for.

This physiological reduction of a forward flexion during menstruation is, of course, confined to that class of cases where we have no history of inflammation, and where the uterus is freely movable.

If the uterus is sensitive to the touch and the surrounding tissue shows resistance—the organ cannot be brought down readily—you will find, gentlemen, that dysmenorrhœa will be an associate symptom, and excruciating pain complained of during the first two stages of menstruation, viz., that of invasion and that of menstruation proper.

IS PURE HOMŒOPATHY, ALONE AND UN- AIDED, ABLE TO COPE WITH AND OVER- COME PUERPERAL DISORDERS AND COMPLICATIONS.

JOSEPH C. GUERNSEY, M.D., PHILADELPHIA, PA.

[Read before the Philadelphia County Homœopathic Medical Society.]

"The proof of the pudding is in the eating," and "we never know what we can do until we try," are two well known aphorisms. Many a skeptic has, on investigating the subject of his incredulity, become its zealous advocate. Homœopathy has enrolled among her ablest champions and representatives, many who, disbelieving in her tenets and claims, studied into them for the purpose of proving them false. In just this way no less devoted a lover fell a prey to her charms and spent a long life in her service, than the renowned Constantine Hering, M.D.

Believing in all honesty that homœopathy was a delusion and a snare, he determined to fully acquaint himself with her doctrines that he might intelligently and exhaustively write them down and smash them.

In our own day, and right here in this city, you and I know lots of professing homœopaths who practice in only a half-hearted manner—here a little homœopathy, there a little allopathy, and anon a little eclecticism. And yet we cannot condemn these practitioners as being wholly dishonest, or intentionally false to their principles. *By their own confession* many of them practice homœopathy as far as they understand it, or as far as they believe in it, and there they stop. Their fault lies in not following out homœopathy through her whole beneficent length. It is their want of complete faith in, and their lack of knowledge of, the full curative power and healing ability of homœopathy, alone and unaided, that cause them to digress from the straight and narrow way. Yea, and more, it is the want of *experience* in homœopathy. I have the most abiding and the strongest possible faith in the law of the similars BECAUSE I have personally experienced in my own practice, and have witnessed in the practice of my superiors, what an almost unlimited amount of curative power homœopathy, purely and strictly practiced, can accomplish.

In no field of her empire has she won grander and more convincing proofs of her efficacy and superiority over all other methods of practice than in the puerperal state of womanhood. The post-partum ills, such as hæmorrhage, convulsions, fever, phlegmasia dolens, mania—any and all of them, yield to her searching treatment, as the snow-flakes melt before the burning sun, or as the ripened grain falls beneath the keen sickle. I make a broad statement, I know, and perhaps you think I claim too much. Let us examine closely and see how we are to obtain all these successes. They do not happen spontaneously; they only come in response to the proper seeking after. This proper manner involves the hard work of studying our cases with the utmost care:

(a) In procuring all the symptoms, or departures from the normal standard of health, and estimating each one at its proper value. And here, as in all prescribing, for whatever manner of sickness, the mental symptoms lead the way and are of the most value.

(b) Having obtained the symptoms, our next duty is to ascertain what *remedy* we must give. This of course must be the *similimum*, the one which covers most symptoms of the case.

(c) We are to give that remedy, the *similimum* only; we are not to alternate it with any other or others.

(d) We are to give the least possible amount of that remedy which will cure—the *minimum* dose.

To any one who doubts or denies the ability of homœopathy, pure and simple, to successfully cope with puerperal convulsions, hæmorrhage, mania, etc., I ask, "Have you tried faithfully in case after case, to cure according to the above rules?" If you have so tried, one, two or three times, and have each time failed, have you thought how likely it is that the failure was due rather to yourself than to homœopathy? We are all fallible and prone to error; we are much more likely to err than is homœopathy. I know I have often failed to cure cases after trying my very best, and after exhausting all I knew about homœopathy. And then I have gone to Dr. Constantine Hering, to Dr. Raue, or to my father, and they have shown me my error and found the proper remedy with which I cured my case. I have even known all the above named physicians, including Drs. A. Lippe, C. C. Smith, and other able representatives of our school fail to cure a case. It was one I was deeply interested in, and I determined homœopathy *should* cure, for I knew it *could*. So I went to New York and saw Dr. Carroll Dunham, to whom I carefully described the symptoms. He said, "Let me study it over to-night, and I will report to-morrow." On the morrow he said, "The remedy must be berberis. Has it been given?" Berberis 40m did cure that case and the sufferer was profoundly grateful. The circumstances of this case I well know, for I myself was the patient. This, of course, was not a puerperal case, and I instance it merely to illustrate the fact that the science of homœopathy was not at fault, when able physicians failed—it only needed the proper application of the law of the similars to effect the cure. Therefore, when one of us fails, don't let us blame homœopathy, but rather let us blame ourselves. Excuse my mentioning it, but it is a common remark that an incompetent workman always blames his tools. When we fail, we must not give up homœopathy, but must seek the advice and help of those who are abler and wiser than our-

selves. Homœopathy when properly represented *will* vindicate herself, and will produce the good results we desire.

I have seen profuse and dangerous post-partum hæmorrhages speedily cured; writhing convulsions occurring in the puerperal state made to cease; the rigid os to soften and yield; the burning fever to cool and the delirium to become quiet; and the puerperal maniac restored to reason by no other means than the strictest homœopathic treatment—where the carefully selected remedy, given in high potency, has done quicker and more satisfactory work than any other means that could be employed.

I have a patient who, in her last two pregnancies has been decidedly crazy. She broods, is sullen or fitful and angry by turns. From a loving and exceedingly affectionate wife she became hateful and hating. Yet in her worst moods the simillimum will bring her to herself beautifully. Ignatia, 34m.; lachesis, cm.; platina, 50m., are her chief remedies, and their effect is really magical. Decidedly the worst case of hæmorrhage I ever saw, occurred in my practice last autumn. I had just delivered a large-sized baby, and turned from the bed, when the patient told me she was flooding. I turned back the bed clothes and there I saw the blood jetting, and pumping up as if from a hydraulic ram. I was *terribly scared*, and at first could not decide what to do. Then I rehearsed to myself the indications of the remedies; sat down beside her bed and asked for symptoms. From the time I saw the spouting hæmorrhage until I had her indications was almost no time. She said "I have a constant bearing down sensation, as though everything was coming through the vulva. Every few seconds this bearing down is suddenly and violently increased and I feel the *hot* blood spurt."

I gave belladonna 40m, every three to five minutes for a little while, and then lengthened the interval as she seemed better. The excessive flow was speedily checked, and very soon she was flowing no more than was natural.

I know that time is very precious and that every second is of importance when the life current is pouring away. But it need take no longer to ascertain the character of the hæmorrhage and concomitant symptoms, than it would require to fit up and apply some mechanical measure. To forcibly grip, pinch and

"knead" a sore, tender and bleeding uterus I cannot regard with favor; it cannot be regarded as scientific or advantageous treatment. The homœopathic treatment is the best of all methods in that it does the patient no harm, but good. Much is said now of the danger of septic poisoning. Surely great risk is run in damming up the vulva with tampons—hastily constructed as they usually are from the first thing that comes to hand—a silk handkerchief, etc. Advice is also given to insert the hand into the bleeding womb and scratch the sides, or try to promote contraction. How about septic poisoning from the dirty finger nails? Just think of the danger!

It is too often the custom in puerperal convulsions to give ether or chloroform. I have known this to be done in some cases, and at the next confinement, one, or three years later, the convulsions returned. I have seen puerperal convulsions *cured* by the similimum. And I consider it safe to assert that if every case were so treated, a woman would never have puerperal convulsions more than once.

In the hot summer of 1879 I had a very bad case of puerperal fever, with its usual train of symptoms. The pulse and temperature ranged high, and the urine was almost entirely suppressed. The patient passed but about a thimbleful a day for two days. She had different remedies for a time until I found the similimum to be kreosote. This I gave in the one thousandth potency. All went well until the early morning of the tenth day, when my patient had a heavy chill, and I was hastily sent for. I gave one dose of nux vom. 50m, and there were no more chills; the patient recovered rapidly with no further trouble.

Erysipelas in child-bed is universally regarded as a dangerous complication. A few years ago I had such a case. I was engaged to attend a lady in confinement, and a day or two before she was delivered, erysipelas broke out in her head and face. She was *very* sick from it. The fever was very high, the erysipelas very severe, she was mildly delirious, wished to kill her baby, etc. The erysipelas was so very hard to the touch, that I decided on bryonia. This remedy, in the 70m potency, cured the case speedily, the milk came all right, and there was no further trouble.

If we will all be true to homœopathy, and will prescribe the most similar drug, the single remedy, and the minimum dose,

we will achieve results which will answer affirmatively that pure homœopathy, alone and unaided, IS ABLE to successfully cope with and overcome puerperal disorders and complications.

When we do individually fail, let us first blame ourselves and not homœopathy. Let us give homœopathy a fair chance, and seek the advice of those who are abler, and wiser, and better skilled than our poor selves.

Materia Medica.

FRAGMENTS.

W. S. GEE., M.D., HYDE PARK, ILL.

RHODODENDRON.—MANIA.

An old lady was taken suddenly with mania, after overwork and anxiety. Insanity was hereditary in the family. After several hours' watching at intervals this symptom was recognized and proved to be a leading one: "While talking he easily forgets what he is talking about." The old lady would start to tell of a trip or of some occurrence and stop in the middle of a sentence, because she forgot what she intended to say. Rhododendron covered the totality of symptoms and two doses of the 500th (B. & T.), brought about a speedy and permanent cure. Now three years and no return.

ASTACUS FLUV.—COUGH.

Miss. K., the patient who recovered from malignant diphtheria—the case was reported at the last meeting of the I. H. Association—on Dec. 24, 1886, complained of a severe cough of long standing. Cough on entering a warm room and on going into the open air. Cough exhausts her very much. *The cough is not troublesome while walking, but when she stops the cough is much aggravated.* Astacus fluv. 30th, removed the old difficulty, and the fresh cold. This symptom is similar to one in ignatia, but a study of both remedies will show very different temperaments.

COCAINE.

An experimenter used a four per cent solution, several

times applied to the nose, and writes: "I was rather restless and could not fall asleep as usual, and I made a number of other applications at intervals of about the same time ($\frac{1}{2}$ hr.), as before, using seven grains of cocaine. (Began at 9 o'clock.) I fell asleep about 1 o'clock and slept for quite a half hour, when I awoke with a start, with a feeling that my respiration was impeded and my heart slowing gradually in its action. I counted my pulse repeatedly and found it strong, and beating a little more frequently; only I felt afraid to turn over on my left side on account of the fear I had of my heart stopping, if I did so. I desired to get up to see the time, but when I attempted to arise was afraid to stand for fear of heart stopping. So, assuming a creeping posture, I looked at the clock and then laid down on the lounge with my head bolstered up high, in which position I felt less fear of impending dissolution. At last, after standing it as long as I could afford, was fully aware all the time that I had produced the sensations myself, although I could not prevent my fear of them, I took a twenty-four-grain dose of sodium bromide, and in a few minutes fell asleep with no further disturbance."

I thought these hints worth recording in our literature and send them.

MELILOTUS.

A student wrote me recently: "I tried to prove melilotus since leaving Chicago and produced two very annoying and pronounced symptoms:

"Such extreme hæmorrhage from the nose that I was obliged to stop it. It came on every day in the afternoon for four weeks after I had discontinued taking it.

"Before the first hæmorrhage I had a severe spell of crying. Did not feel melancholy or depressed, but could not keep from crying, and a flood of tears poured down all forenoon. Have had no occasion to cry since, even if I am a woman."

CINA.

Aug. 26, 1887.—Was called to see baby B——, aged about one year. Had been treated for several months by their family physician, but grew worse daily, and resolved to try some other doctor. The little one was alarmingly emaciated and had no appetite. The most annoying symptom to the parents was the

persistent sleeplessness. No sleep day nor night ; restless — naps of only five or ten minutes length.

Screaming out in sleep.

Diarrhoea with frequent movements ; stools undigested, or green and slimy, restless and uneasy before the movement and slightly relieved after stool.

Fretful and peevish ; rolls the hands continually ; uneasy and distressed all the time. Cina 1000 (B. & T.), one powder on the tongue and sac lac.

Aug. 27.—Slept four hours last night and seems better natured than for months. Sac lac was continued some days and one or two cina powders were to be used if the mental symptoms returned. One was needed some days later. The child recovered without another remedy or another dose of the same and is now the strongest of the flock. The parents are decidedly psoric in constitution.

Cina.—Peevish and irritable *because uneasy and distressed all the time.*

Pale face even with fever.

Dark rings under the eyes.

Boring at the nose. (Sel. has the same symptom but the patient has an "irresistible desire to lie down and sleep," and "awakens early and always at the same hour." Arum tr. has boring and picking at the nose, but such itching is present from the excoriating discharge hatt the patient cannot desist.)

In children at school headaches are troublesome.

Dull headache, which is aggravated during and after using the eyes ; worse from looking fixedly at one point, as in fine sewing or reading small print, or reading for some length of time. (Nat. mur., ruta).

Headache "worse from mental exertion," is probably caused by the errors in refraction, and cina will often so change the condition that glasses are not needed at that time.

This remedy will act in any potency, if indicated, but in chronic and long standing disturbances it is more satisfactory to use a high potency, as the symptoms are less likely to return and we thus avoid one source of annoyance in the future study of the case.

Other remedies have "irritability" and it is quite difficult at times to photograph the exact condition.

Aurum met.—Irritable, suicidal, and desperate. Is bent on self-destruction and makes frequent attempts, dashing the head against the wall or bed and is careless as to the results.

Chamomilla.—Irritable and spiteful, and we may add *fitful*, for this condition is not constant.

Wants to be waited on constantly and in a hasty manner.

Nux vomica.—Irritable and sullen.

Wants to be let severely alone.

Does not wish to speak or be addressed.

Sanguinaria.—Irritable and morose, especially with the nausea. Periodical sick-headache.

RHUS.

Mr. C., was referred to me as his case had proved obstinate to one of our young physicians who is an excellent prescriber, but has not the courage necessary to get the full benefit of the whole range of potencies. However, this patient may give him new confidence.

Mr. C. is a young man and while lying on the ground became chilled. As a result a fine case of rheumatism developed in due time. Has had the trouble for two weeks. Now has a dull pain in right hip to front of leg, also darting pains running around the leg and down the front of the limb. These symptoms were not clear and an attempt was then made to get the original symptoms. Patient was made restless by the pains and was relieved for a short time by moving. This, with the probable cause of the difficulty, was thought sufficient to decide in favor of rhus tox. Knowing my friend must have obtained these symptoms and as a consequence administered rhus, I decided to give the remedy in the highest potency. If he had produced an aggravation, the potency would not be disturbed, and would probably act beneficially in either case. A powder of rhus tox. cm (Skinner), was given on the tongue. Relief was experienced by the next day so that he was able to go back to business. He required a powder of the 1M, and after a few days one powder of the 30th, because of exposure. My confrere met me a few days later and reminded me that he had sent a patient.

"Yes, how is he?"

"Oh, he is improving; what did you give him?"

"Rhus tox. cm, one dose."

"Well that beats the D——!"

"What do you mean?"

"Why, I gave him *rhhus* right along for over a week, and he was better for a while, then he grew worse and I gave him *bryonia* and he improved slightly under that remedy. Then I tried *phytolacca* and some other remedies, but I could not get him any further."

"Now, Doctor, I think if you consider the matter you will understand why you made the failure. *Rhus* was the remedy and benefitted for a short time until you produced a sufficient impression to aggravate the malady, and *bryonia* being the direct antidote when the pains are thus aggravated, a partial relief was again experienced after giving that remedy. After giving it you were so far at sea that you floated about from one remedy to another with continual disappointment, and you became disheartened. When a remedy is indicated you should give it a chance to act, and *make it act* in some potency. If the low does not remove the symptoms, or if they return in the same form, give the higher potency rather than fly to some remedy not indicated. After the remedy has removed part of the symptoms and does not seem suited to the remaining ones, study "Relationship" of the remedy last given, and you will receive valuable hints."

A PROVING OF CHININUM MURIATICUM.

[Translated by S. Lilienthal, M.D.]

In Virchow's Archiv, vol. 109, 1887, we find an essay under the title: "Studies on the Action of Chininum on the Healthy," by Prof. Dr. Hugo Schulz. Here he shows us the disadvantages of experiments on animals, as only in the human being we can expect to find the finer shades and slighter functional disturbances of the central nervous system, neuralgic pains, etc. He also opposes those large toxic doses, with which some provings were made on man, which spoil much by their intense action, and he ordered his provings made with comparatively small doses. His ten provers were students of medicine, and a week before the proving began, pulse and temperature were recorded three times a day. Provings were made with 0.005

gramm chininum hydrochlorat ($\frac{1}{3}$ grain), twice daily, and afterward twice the quantity taken, so that during the whole proving only 0.2 to 0.5 (3 to $7\frac{1}{2}$ grains) were taken.

Student, 23 years old, of nervous temperament, delicate constitution, a good feeder, smokes off and on, bears alcoholic stimulants well, and drinks on an average three to four glasses of lager beer.

July 5. Pulse 64, 72, 80; temperature, 36.5, 37.

July 6. P. 68, 76, 76; t. 36.4, 37.1.

July 7. P. 60, 72, 80; t. 36.8, 37.2.

July 8. P. 72, 80, 76; t. 36.5, 37.1.

July 9. P. 68, 80, 76; t. 36.6, 37.3.

July 10. P. 68, 76, 76; t. 36.6, 37.2.

July 11. He took chininum 0.01 gr. per die., half of it in the morning, the other at night.

July 11. P. 60, 72, 72; t. 36.6, 37.0.

July 12. P. 64, 68, 72; t. 36.7, 37.1.

July 13. P. 64, 100, 84; t. 30.4, 37.4. About 3 P. M., without cause, increased action of the heart set in in connection with some slight irritability. Pulse in morning 64, suddenly rose to 100. He gradually quieted down, for the evening pulse was only 84. Otherwise he felt first-rate.

July 14. P. 76, 80, 72; t. 36.5, 37.1.

July 15. P. 84, 80, 80; t. 36.7, 37.2.

July 16. P. 72, 76, 84; t. 36.6, 37.1. Appetite rather increased, urine scanty, of a dark color, contains sediments.

July 17. P. 60, 72, 68; t. 36.5, 37.0. During the morning slight dullness of head which soon passed off. Copious, clear urination. Toward 6 P. M. great itching on chest, back and arms for an hour, without redness of skin.

July 18. P. 64, 76, 80; t. 36.8, 37.1.

July 19. P. 80, 88, 84; t. 36.7, 37.1. In the morning when getting-up some pain in left temporal and supraorbital region, which passes off during a walk in the fresh air. Alvine discharge, which was so far regular, does not take place. Toward evening again itching on chest and back.

July 20. P. 72, 84, 76; t. 36.9, 37.3. Takes a purgative, followed by stool. Supraorbital pain reappears in the morning after rising, and passes away during the forenoon. Takes henceforth twice the quantity, a full powder, morning and evening.

July 21. P. 72, 104, 88; t. 37.1, 37.2. Toward 3 P. M. beating of heart, with præcordial anguish, lasting about half an hour.

July 22. P. 68, 72, 76; t. 36.8, 37.3. No stool. The pain in left temple reappears this morning and keeps on during the whole day. Afternoon some surring in the ears with a moderate degree of hard hearing. Noises which are usually heard clearly, as the ticking of a watch, are now heard dim and not clear; passes off after half an hour.

July 23. P. 64, 72, 68; t. 37.0, 37.1. Restless sleep, feels out of sorts the whole day; bowels moved in the morning without the pill.

July 24. P. 60, 72, 76; t. 36.9, 37.1. Morning headache worse, does not feel right, is tired, cannot study, is irritable; no stool.

July 25. P. 76, 80, 80; t. 36.8, 37.1. After his pill a copious, thin stool; urine copious, clear. No headache; feels better generally, only irritable. Took a good meal at noon, still feels hungry in the afternoon and wants sour dishes, which do not satisfy him; passes off in half an hour.

July 26. P. 64, 84, 80; t. 36.8, 37.1. Restless sleep, awakes several times during the night with præcordial anguish, feels unrefreshed in the morning. Pains in left side of head intense, especially in the supraorbital region, last till noon, when he also feels generally better. No stool. Urine copious and clear.

July 27. P. 60, 72, 76; t. 36.9, 37.1. Sleeps well, feels moderately well; bowels move spontaneously, on the right upper lid redness and swelling; urine copious, clear.

July 28. P. 72, 72, 72; t. 36.9, 37.2. Feels well enough, but very irritable; swelling in right upper lid increases, in the right and left external meatus severe itching and tickling the whole day, which he felt more or less for the last few days. Urine the same.

July 29. P. 76, 80, 72; 36.7, 36.9. Poor sleep on account of severe toothache, especially left side and attacking all the teeth, upper and lower ones, on the left side. Toward morning these pains nearly went away, but left him tired out. Weakness during the whole day and increasing toward evening; urine during the day scanty and murky. Before going to bed he takes two powders of chinin.

July 30. P. 60, 68, 72; t. 36.8, 37.0. Good sleep from 10 to 1, when præcordial anguish awakens him and an intense pain in left temporal and supraorbital region and below the left ear, which is of a stitching character, penetrates deeply inward and is very annoying. Toothache of last night returns on both sides; worse by closing the teeth and pressing them together. Great thirst; surring in ears; dizziness, especially when rising up and standing erect. He could not sleep for an hour, then he became drowsy and his slumber was troubled by dreams and hallucinations, and, though he rested till morning, his rest was often broken by starting in affright. Good sleep from 7 to 9 A. M., but felt tired and dizzy when getting up. Eructations, nausea, vomituration but no vomiting. About 10, copious, thin stool. The pains in temples are less, but toothache continues and render mastication painful. The pain in left ear rather more intense and painful. No appetite, disgust to chininum, of which he tried to take a powder. Urine scanty, murky, contains urates. Slept for two hours at noon, when all pains were less, only that under left ear kept on, but more moderately. Toward evening felt better. Took no quinine.

July 31. P. 68, 80, 72; t. 36.8, 37.0. Sleep better, though interrupted off and on by toothache and headache, feels very weak and apathic. Headache and toothache pass nearly away during the morning hours, but the pain under left ear keeps on. Eyes are easily tired when reading. The small furuncle on the right upper lid is opened and discharges considerable pus. Takes no powder,

August 1. P. 72, 80, 80; t. 37.0, 37.1. Sleep could be better; hardly

any headache, pain below ear gone, but there is a stitching pain in left external meatus; hardly any toothache. Takes in the morning a powder quinine, but a quarter of an hour afterward it is vomitted up. No stool.

August 2. P. 64, 72, 68; t. 36.7, 36.9. Good sleep. The lancinating pain in left external meatus increases in intensity and continues the whole day. No stool. In the evening takes a powder.

August 3. P. 72, 76, 76; t. 36.9, 37.2. Poor sleep, toothache, pain in left supraorbital and frontal region kept him awake the whole night; feels badly all over; face bloated, red; the pains gradually diminish during the day. Copious stool from two pills. Takes his quinine powder morning and noon. During the afternoon disagreeable sensation in ears, as though they were stuffed with cotton. In the evening empty eructations and simultaneously an intense pain in both temples with a tense constricting pain in the skin, preventing him from working. Extremely irritable. After a walk of two hours the pains have nearly disappeared.

August 4. P. 68, 62, 76; t. 35.5, 37.1. Sleep better, without pains, but they reappear moderately in the morning. He feels as if he could not open his eyes in the morning, as though something weighed down the lids and prevented visions; this sensation returns several times during the day. Takes his last dose quinine, in toto 37 cg.

August 5. P. 64, 76, 72; t. 36.7, 37.0. Feels tolerably well; slight pains in left supraorbital region and stitching pain in external meatus; that peculiar sensation in eyes continues.

August 6. P. 72, 80, 76; t. 36.9, 37.1.

August 7. P. 64, 72, 72; t. 36.8, 37.2.

August 8. P. 72, 80, 84; t. 36.7, 36.9.

August 9. P. 60, 76, 76; t. 36.7, 36.9.

August 10. P. 60, 72, 80; t. 36.8, 37.1.

August 11. P. 68, 76, 76; t. 36.9, 37.2.

August 12. P. 68, 80, 72; t. 36.7, 37.2.

The neuralgic pains of the trifacial nerve kept on during the week, the supraorbital ones usually in the morning, while the toothache showed itself more at night, but both had lost their intensity and did not disturb sleep nor well-feeling. The stitching pain in the external meatus suddenly disappeared one morning. Digestion normal. About that time his attention was drawn to the sponginess of his gums, which bled at the slightest touch, a symptom which he had never observed on himself in all his life. Toward the end of August the neuralgia suddenly reappeared at night without any provocation and kept up the same type as during the proving, and the toothache was of such severity that the pains in the head were less observed. The pains in the teeth were excruciating when pressing them together; rubbing them with chloroform brought no relief, and they were only slightly mollified by lancinating the gums or rinsing the mouth with cold water. Toward morning the pains subsided so that he could get a little sleep.

After this prodormal stage the neuralgia took on a periodical character, appearing every night at 3 clock and lasted till morning, disappearing entirely during the day. As we considered this intermittent neuralgia, a sequela of the proving, arsenicum was taken to antidote the chininum.

September 5. Ten drops of *Solutio Fowleri* 2–20 aqua dist. were taken, but the neuralgia visited us at its regular time.

September 6. Twenty drops, but the neuralgia came, perhaps with a little less intensity.

September 7. Thirty drops, fifteen at noon and evening. Neuralgia only toward morning and soon passing off.

September 8 and 9. The same doses of arsenicum failed to eradicate the remnant of it.

September 10 and 11. No arsenicum, and in consequence of it the neuralgia reappeared at 3 A. M., but with less severity, so that some sleep was possible.

September 12. Thirty drops arsenicum. At 10 P. M. the head and teeth began to ache for an hour and a half and good sleep followed.

September 13. The same dose and the same effect.

September 14, 15 and 16. Prover took his arsenicum, but it seems the drug produced only a change of time in the neuralgia but failed to eradicate it, and as the patient lost strength and felt really under the weather, treatment was changed.

September 17. *Ferrum oxydatum saccharatum* soluble, as much as would lie on the point of a knife. At 3 A. M. moderate pains, passing off in an hour. The same dose of iron was taken for the four succeeding days, when all the paroxysms ceased and he soon recovered his usual health.

—Berlin. *Zeitschrift*, December, 1887.

EPICRISIS.

1. *Central Nervous System.*—At first indistinct sensation of pressure and heaviness in brain, followed by apathy, depression, disinclination to work, melancholy, which again cause irritability and præcordial anguish, slightly relieved by walking in the fresh air. Five of the provers complained of vertigo, increasing in one to fainting. Most of the provers slept poorly, their rest broken by frightful dreams and starting in sleep. All felt very tired, so that one may conclude that also the spinal cord was affected. In some digust to quinine developed, and in all of them the use of tobacco or alcohol brought out symptoms like seen on those who are strangers to their use.

2. *Eyes and Ears.*—Both senses are wonderfully affected by these small doses.

3. *Trigeminus.*—Nine persons had the neuralgia, mostly on left side.

4. *Skin.*—Affected in two provers.

5. *Abdominal Organs.*—Gastro-intestinal catarrh nearly in all provers.

6. *Urogenital Organs.*—All showed some irritation.

7. *Temperature*.—Diminution of the frequency of the pulse from the normal state.

VERIFICATION OF HOMŒOPATHIC PROVINGS.

Allen, Vol. III.—12. Great depression of spirits and fretfulness. 16. Great anxiety, amounting to an apprehension as if some evil would happen. 25. Great disinclination to mental labor. 41. Whirling in head like a millwheel. 48. Head stupefied and especially painful on left side. 68. Violent headache, more especially on left side, with frequent pulsations of temporal arteries and excitement through whole body, (70) amelioration by walk in fresh air. 134. Slight neuralgia alternating in both brows. 144. Pain in left infraorbital, malar and superior maxillary nerves aching and boring; aggravation in cold air, but nearly constant, with tumefaction adjacent to upper molars. 150. Eyes closed from weakness. 197. Sticking in left meatus auditorius. 206. Ringing in ears, especially on left side. 239. Sickly expression of face during whole proving. 279. Pains affecting the left upper and lower jaws, constituting a hard toothache. 284. The secretion about the upper molars seems to putresce and irritate. 529. Obstinate constipation with distention of abdomen. 538 and 539. Urine very scanty and turbid; secretion of urine increased, clear, pale. 662. Extreme præcordial anguish. 886. Decided emaciation. 910. Faintness. 914. Restless nights. 942. Rash all over the body with intolerable and incessant itching. 998. Frightful dreams with restless sleep. 1000. Temperature diminished.

[Sulzer, of Berlin, who gives us the proving in the Berlin Zeitschrift, December, 1887, glories in it that the old school begins provings according to our school, and for a beginning, it is a very good proving.]—S. L.

INDICATIONS FOR COLOCYNTH AND GNAPHALUM IN SCIATICA OR SCIATIC RHEUMATISM.

COLOCYNTH.

Tongue: Coated white or yellow;
rough.

Abdomen: Violent cutting, tearing

GNAPHALUM.

Tongue: Covered with long,
white fur.

Abdomen: Colic pains in various

pains, amelioration from hard pressure and bending double; brought on by vexation and indignation.

Lower Limbs: Crampy pain in affected hip, as though the parts were screwed in a vise; lies upon affected side with knee bent up.

Shooting pain, like lightning, down the whole limb.

Pain originates in sacral region thence extends down posterior portion of thigh to popliteal fossa.

Pain passing down outside of left leg, from hip to ankle; in paroxysms every fifteen minutes, parts very painful to touch; aggravation, at night, from rubbing; amelioration, motion, heat.

Drawing pain in right thigh, down to the knees.

Cramp in the left calf.

Left foot "goes to sleep."

Formication and numbness with the pains.

Affects left side more severely.

parts of the abdomen, which is sensitive to pressure, in cæcum. Borborygmus, with much flatus.

Lower Limbs: Pains dull, darting or cutting from right hip-joint posteriorly downward to foot; aggravation, laying down, from motion, stepping; amelioration, sitting in a chair.

Intense pain along sciatic nerve, following its larger ramifications.

Feeling of numbness occasionally taking place of sciatic pains, making exercise very fatiguing. Frequent cramps of calves of legs.

Cramps of feet in bed.

Gouty pains in big toes.

Numbness of lower part of back.

Affects right side most frequently.

HAHNEMANN'S WRITINGS AND RUBRIC.

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No stronger proof of Hahnemann's greatness is needed than the immense influence his thought has gained over the medical world during the past half century. Though less than that since he died, full of years and honors, yet half a century may be assumed as having elapsed since his literary work was completed and his doctrines fully established.

Our own is pre-eminently an age of revisions. But the works of few men have been so little subjected to this process as those of Hahnemann. What he did, and what he left as monuments of his labors, have been regarded with almost religious veneration. It seldom falls to the lot of any man to have his entire work, after a lapse of half a century, still held in such reverence.

The advance of knowledge during the last fifty years has necessitated revisions in nearly every branch of science. Progress always demands changes. Why, then, have the works

of Hahnemann escaped? It will be worth our while to pursue this inquiry. His literary and scientific works may be classed under four heads:

First.—The discovery and establishment of the law of *similia*.

Second.—His drug provings, of *Materia Medica Pura*.

Third.—His Philosophical writings.

Fourth.—His Polemical writings.

Concerning the discovery of the law of *similia* it can be truly said this is ample glory for one man. Though it should be proven that he had failed in everything else, yet in that he succeeded in firmly planting this one truth in medical science, Hahnemann's immortality was assured. He thenceforth securely took his place among the few universal heroes.

Passing, for the present, the second on the list, we come to his Philosophical writings. These must of necessity fade away in part, if not altogether.

Carroll Dunham has felicitously said: "A man's observations of natural phenomena, if he be a keen and accurate observer, as Hahnemann unquestionably was, are generally correct; but his theoretical explanations of them are pretty certain to be tinged with the prevailing philosophy of the times in which he lived, and are not likely to be accepted without modification by men of a later period."

This is a *universal law*, conditioned upon the advancement of knowledge. The philosophy of Hahnemann did not rise far enough above his times to escape its force. His theoretical and speculative explanations will be demolished and buried out of sight by the relentless march of time. But there are also many coins from his brain that bear the stamp of universality and have the ring of pure metal. Many such are found in the *Organon*, but many others are there mixed with them that have long since ceased to pass current, and Hahnemann, were he living in this age, would be the first to repudiate them.

Of the solid gold are such as relate to the application of the law of *similia* to a given case; how to study your patient; how to study your remedy. These are not theoretical deductions, but scientific observations.

The fourth and last division is the Polemical writings. These are found scattered everywhere in all Hahnemann wrote except

Materia Medica Pura. They have seen their greatest day, and have largely accomplished the object whereto they were sent forth, in mollifying the "regular barbarity" of treating diseases. No greater boon has ever been bestowed by one man upon suffering humanity than the modification and moderation brought about by Hahnemann in the administration of drugs. The entire civilized world, to the farthest limit of European influence, has felt his beneficent touch, and does not to-day know one tithe of the gratitude it owes this heroic man.

Returning now to the second division of the analysis of Hahnemann's works, the *Materia Medica Pura*, we find that his influence on this department has been autocratic. The *materia medica* of to-day bears in every part, and on every line, the stamp of his sign manual.

The factors of Hahnemann's *Materia Medica* are three:

First.—The *observation* of drug phenomena.

Second.—The *manner of recording* those observations.

Third.—The *method of arranging* them.

Of the first it is pretty safe to say Hahnemann's skill has seldom been equalled, and probably never surpassed, in keen, accurate and thorough observation. Subsequent investigation has tended for the most part to confirm rather than supplant his personal pathogenesis. But this is not true of all he recorded. Others observed and he accepted their record. These symptoms are not always trustworthy.

The second factor, his method of recording observed drug phenomena, is still in full vogue, and is about equally conspicuous for its virtues and its faults. The short, crisp sentences, the sharp isolation of each incident and its careful individualization, are in several ways elements of strength. They tend to, though they do not compel, an equally careful analysis of the symptoms of the patient. They enable us to make clear distinctions between different drugs. They tend to individualize various phases of the same disease in different epidemics and in different cases. These are no doubt valuable points in applying the great law of cure.

But, on the other hand, by this process of isolation the *concomitance* of drug symptoms is hopelessly broken up, and they are likely to remain permanently scattered to the four winds of

heaven, thereby destroying one of the most valuable elements in pathogenesis. With the present state of our *materia medica* no task is more laborious than the construction of a complete picture of concomitant symptoms. Yet on this, more than on any other one element, depends the useful employment of homœopathic remedies.

Under the present arrangement of cutting each symptom off by itself a half-dozen concomitant symptoms may be scattered, each restricted to less than one line, through half a dozen or a dozen pages, and the task of reconstruction rendered impossible. One of the elements of failure of homœopathic drugs is the want of concomitance. Let me not be misunderstood. A given drug is selected, one, we will say, that has four symptoms which correspond with four leading symptoms in the patient. Two of these drug symptoms have never been evolved in connection with the other two in any proving of the drug. But two other symptoms have always attended the first two in the drug provings, and are entirely wanting in the patient. The doctor thinks he has four good corresponding symptoms, whereas he has only two, and these two are disassociated with their constant concomitants. How is he to know this from the study of his books? What is the probability that the drug will relieve? How many failures reported or experienced are due to just such a cause as this?

Again, under the present arrangement, symptoms the most contradictory in character occur in consecutive lines, separated from each other by only a period, or it may be even a semi-colon, and without a word to explain their relationship or want of relationship.

On this point, Professor Cowperthwaite has well said in his preface: "Up to the present time even the most condensed works on *materia medica* present to the mind of the student only a vast array of unmeaning symptoms, with nothing to point out their comparative value, or to assist in their practical application; so that he stands discouraged at the outset, with little prospect but that the subject will ever remain a confused mass, which he surveys with mysterious awe, but which, in fact, he scarcely attempts to unravel or comprehend.

One of the points most strenuously insisted upon by Hahne-

mann is the correspondence of the *totality of symptoms*. It is reiterated to-day over and over again. Taken in connection with our *materia medica*, it means, though it does not say so, the correspondence of the totality of concomitant symptoms. The task set is impossible. No man can reconstruct concomitance from the present records.

To remedy this it has been recommended to study the day books of the provers. How many have ever done so? And why not? Because they are inaccessible, expensive, voluminous, cumbersome, a bushel of chaff with a few grains of wheat, and when you have found the solid grain it is doubtful whether it is worth the labor. Certainly no man can study the whole *materia medica* that way and do anything else.

Hahnemann did not feel the pressure of this fact as do we of to-day. Had he done so he would doubtless have devised a remedy. In his time but a few drugs had been proven compared with the present number. He himself had learned most of them by heart from experience. The record was only a memorandum for the purpose of refreshing the memory. To-day the wealth of our *materia medica* is like the Vanderbilts, it destroys the usefulness of the man and impoverishes the nation. It confounds the doctor and robs the patient.

Much more is left unsaid on this point, but time and space demand that we pass to the next, which will be found even more important, the *method of arrangement*. Here we find also Hahnemann's example has been overpowering. A glance at an illustrative and partial schedule of authors, from Hahnemann down to the present, will show this more clearly than mere dissertation. It is but fair to say he has been copied, without improvement or change of importance, down to the time Dr. B. F. Underwood's little work on *materia medica* appeared. Dr. Underwood made quite a radical change, but not radical enough to remedy the evil.

A superficial survey of the Hahnemannian arrangement leads to the conclusion that the fundamental idea is anatomical relationship. A more careful examination reveals the fact, that in part at least, it is physiological, while incidents purely mental, moral, or vital, are put in haphazard, with very little regard to relationship.

A COMPARATIVE RUBRIC

HAHNEMANN.	C. HERING, 1879-1887.	T. F. ALLEN.
Confusion, etc.	Mind Sensorium.....	Mind
Pain in Head.....	Inner Head.....	Head
Outer Head.....	Outer Head.....	External Head.....
Face in General.....	.....	.....
Eyes	Eyes	Eye.....
Jaws and Glands.....	.....	.....
Ears.....	Ears.....	Ear.....
Nose	Nose	Nose
Lips	Face.....	Face.....
Lower Jaw	Lower Face .....	.....
Larynx.....	Teeth and Gums.....	Mouth and Teeth.....
Teeth and Saliva.....	Taste and Speech.....	.....
Mouth.....	Mouth.....	.....
Tongue.....	.....	.....
Speech.....	.....	.....
Mouth in General.....	.....	.....
Tonsils and Throat.....	Throat and Palate.....	Throat
Deglutition.....	.....	Stomach
Taste.....	Desires and Aversions.....	(1) Appetite
Appetite.....	.....	(2) Thirst.....
Eruptions.....	Eating and Drinking.....	(3) Eructations
Nausea and Vomiting.....	Gastric Symptoms.....	(4) Hiccough.....
Hiccough.....	.....	(5) Nausea.....
Stomach.....	Epigastrium.....	(6) Vomiting.....
.....	Hypochondria.....	.....
Abdomen.....	Abdomen.....	Abdomen.....
Bowels.....	Rectum.....	Rectum and Anus.....
Stool.....	Stool.....	Stool.....
Urine.....	Urinary Organs.....	Urinary Organs.....
Genitalia	(1) Male.....	(1) Male.....
.....	(2) Female.....	(2) Female.....
Catarrh and Cough.....	Pregnancy.....	.....
Coryza.....	Voice and Larynx.....	.....
Chest.....	.....	.....
Respirat'n and Skin of Chest.....	Respiration.....	Respiratory Organs.....
Breast (Female).....	Cough.....	(1) Larynx, Trach. & Bronchi.....
Spinal column.....	Inner Chest, Lungs, Heart and Circulation.....	(2) Voice.....
.....	.....	(3) Expect. and Cough.....
.....	Outer Chest.....	(4) Respiration.....
.....	.....	Chest.....
Back and Scapulae.....	Neck and Back.....	Heart and Pulse.....
Shoulders.....	.....	Neck and Back.....
Upper Extremities.....	Upper Extremities.....	.....
Lower Extremities.....	Lower Extremities.....	Extremities in General.....
Skin of Lower Extremities.....	Limbs in General.....	Superior Extremities.....
Limbs in General.....	.....	Inferior Extremities.....
Restlessness and Moods.....	Rest, Motion and Position.....	General Symptoms.....
.....	Nerves.....	Skin.....
Sleep.....	Sleep and Dreams.....	Sleep and Dreams.....
Dreams.....	.....	.....
Thirst.....	Time.....	.....
Chills and Coldness.....	Temperature and Weather.....	.....
Fever.....	Fever.....	Fever.....
Inflammation.....	Attacks.....	(1) Chill.....
Rash.....	Sides.....	(2) Heat.....
Sweat.....	Sensations.....	(3) Sweat.....
Anxiety.....	Tissues.....	.....
Delirium and its Moods.....	Motion and Contact.....	.....
Madness.....	Skin.....	.....
.....	Stages of Life.....	.....
.....	Relationship	Conditions
.....	.....	(1) Aggravation.....
.....	.....	(2) Amelioration.....

MATERIA MEDICA, PHYS. AND APPLIED, 1887.	COWPERTHWAITHE, 1885.	UNDERWOOD, 1884.
Disposition..... Mind.....	Mind.....	Mental Symptoms.....
Sensorium.....	Head.....	Brain and Nervous System.....
Head.....	Eyes.....	Eyes and Ears.....
Eyes.....	Ears.....	Face.....
Vision.....	Face.....	Digestive System.....
Nose.....	Mouth.....	
Face.....		
Lips.....	Throat.....	
Mouth.....		
Teeth.....		
Tongue.....		
Throat.....	Stomach.....	
Taste.....	Abdomen.....	
Appetite.....	Stool.....	
Stomach.....	Urinary Organs.....	Urinary Orgs. & Sex'l System.....
Abdomen.....		
Rectum and Anus.....		
Stool.....		
Urinary Organs.....		
Nasal and Respiratory.....	Respiratory Organs.....	
Larynx and Trachea.....	Heart and Pulse.....	
Chest and Respiratory.....		Fibrous and Osseous System.....
Heart and Circulation, Fever.....		
	Neck and Back.....	
Back.....	Upper Limbs.....	Fever.....
	Lower Limbs.....	Sleep.....
Upper Extremities.....	General Symptoms.....	
Lower Extremities.....	Skin.....	
Limbs in General.....		
Skin.....	Sleep and Dreams.....	
	Fever.....	
Generalities.....	Aggravation.....	Generalities.....
	Amelioration.....	
	Therapeutic Range.....	
Therapeutic Use.....	Conditions.....	
Clinical Record.....		

To be specific, the Hahnemannian arrangement of Belladonna symptoms are after this sort:

Beginning with *Confusion*, a mental symptom, there follows *Pain in the Head*, a nervous symptom; *Outer Head*, a combination of nervous, tissue and skin symptoms; *Face in General*, combining all three and adding a fourth; *Expression*, a vital symptom; *Eyes*, a special sense, hence, functional, tissue, nervous symptoms combined; *Jaws and Glands*; *Ears*, another special sense; *Nose*, a combination of respiratory, special sense, tissue and skin symptoms; *Lips, Lower Jaw, Larynx*; again respiratory symptoms mixed with several other classes, one of which is the functional *Voice*; *Teeth and Saliva*; *Mouth, Tongue, Speech*; *Mouth in General*; *Tonsils and Throat*; *Deglutition*; *Taste, Appetite*; *Eructation*; *Nausea and Vomiting*; *Hiccough*; *Stomach*; *Abdomen*; *Bowels*; *Stool*.

If now we attentively examine the order down to tonsils and throat, and perhaps one or two groups beyond, of a functional nature, the dominant idea of arrangement, seems to be anatomical relationship.

But beyond this point, that idea ceases, for the time, to guide; else, why do we not have *Bronchi, Lungs, Heart, Respiration* and *Circulation*, the symptoms under *Chest*, precede *Stomach, Bowels*, etc.

The reason for the present arrangement is the physiological connection of the parts, and the absurdity of the anatomical idea that was apparent at first, becomes now intolerable; hence the change.

From this point on we have a strange medley. Sometimes the anatomical idea prevails, but more often the physiological, and frequently the struggle between the two, is only too evident in the manifest absurdity of the decision.

Taking up the rubric at the point already reached, we have the physiologically connected *Genito-Urinary* systems in the following order: *Urine, Male Organs, Female Organs*, (but not the mammæ).

Again, we take up next the physiologically connected *Respiratory System, Catarrh*. We have had *Nose* (and frontal sinuses implied,) a long way back, and must now go back for it, if we want the connection complete, *Cough, Coryza, Chest* (meaning lungs, bronchi, heart and circulation in part at least), *Skin of Chest* and *Female Breasts*.

Here was a grand struggle for dominance between the two ideas, and anatomy won the day. What advantage materia medica gained thereby is not apparent.

Next on the list is, *Spinal Column, Back and Scapulae, Shoulders, Upper Extremities, Lower Extremities, Skin of Lower Extremities, Limbs in General*; a good list of tissue symptoms, together with a large part of the nervous system and a patch of skin symptoms thrown in to complete the bargain.

At the very beginning was placed a mental symptom, *Confusion*. This we have experienced more or less all the way down to the present, and now we meet for the first time with congeners, *Restlessness and Moods*.

Closely allied are *Sleep and Dreams*, but *Thirst* again trips us up. Taken, however, together with what follows it is not so bad: *Thirst, Chills and Coldness, Fever, Inflammations, Rash, Sweat*. Here are fever phenomena, tissue phenomena, that may or may not be attended by general fever, and skin phenomena that also may or may not occur with febrile excitement, placed between the two elements of the febrile movement.

And now, once more, we come upon purely mental phenomena: *Anxiety, Delirium and its Moods Madness*. It would seem little less than madness to justify such an arrangement as this in this day and at this stage of progress. The most that has been done is to patch up some of the most glaring defects. A hasty comparison of the prevailing rubric with Hahnemann's will show how true this is. It is not incumbent upon us, as good and faithful disciples of Hahnemann, to copy his faults as well as his virtues. Neither are we called upon to regard him as inspired or infallible. He himself would be the first to repudiate such implications. It is rather our part to inquire in the calmest scientific spirit, What is required of *Materia Medica Pura*?

The first requirement is that it be truthful. The universality of the law of similia is not here under discussion, only materia medica. The second requirement is that it should be *available* for use with the least possible expenditure of time and labor. Efforts in this direction have been untiring. We have condensed and recondensed materia medicas; repertories large and small have consumed years of patient labor, and helped in a very large degree to make up for deficiencies and confusion.

Without them it is hard to see how we could practice medicine at all.

But candidly considered, we have not yet reached perfection. The truthfulness of the greater part of Hahnemann's work has been conceded. So also the investigations of many others now incorporated in the common stock. That there is need of still further sifting and exclusion is not denied ; but this is not now the most important desideratum. It is of vastly greater importance that the second requirement, the *availability*, be considered. This is, indeed, the great question of all others presented for our solution at this stage of the history of homœopathy. Material has so multiplied on our hands that it is simply impossible for any one man to use more than a third or a fourth part of the drugs on our lists. Of the thousand and more drugs accredited to homœopathy no one man uses, first and last, above four hundred. In some statistics I have been collecting during the past year, no man has reported more than three hundred and twenty-five drugs as used by himself. Our own Dr. S. Lilienthal reported one hundred and twenty-five as the limit of his repertory. The large majority of drugs put down in the books are superfluous.

But when the number has been reduced to something like a reasonable limit, the requirement of availability is not yet met. As has been said, a radical change must be made in the arrangement. No navigator evey yet sailed by two irreconcilable charts and avoided the rocks, except by sheer good luck. Neither his skill nor his science were to be praised if he escaped shipwreck.

Materia medica arranged under two ideas, as irreconcilable as anatomical relation and physiological connection, can but be confused and confusing. Either the one principle or the other, or some third one differing from either, must be followed consistently, or failure must ensue. We are called upon as physicians to study living and not dead phenomena ; hence physiological and not anatomical. To render materia medica available in the highest degree, the arrangement of its symptoms should correspond as nearly as may be to the order in which they are likely to appear in the patient. This is in the physiological order, hence the physiological is most likely to be the proper fundamental idea. Such a basis involves an entire reconstruction of the Hahnemannian rubric.

Under the physiological arrangement the following general heads are proposed:

First.—The Moral and Mental Phenomena and the Nervous System.

Second.—The Respiratory and Circulatory Systems.

Third.—The Digestive System.

Fourth.—The Genito-Urinary System.

Fifth.—The Muscular, Fibrous and Osseous Systems.

Sixth.—The Skin and Superficial Glandular Systems.

The fourth, the Genito-Urinary System, may be included under two distinct heads or combined in one; it is not material either way.

The various symptoms now given under each drug will be grouped conformably with this arrangement.

Materia medica classified in this way will be made more available for the following reasons:

First.—The scheme is readily comprehensible, thereby avoiding confusion.

Second.—A comprehensive view of the drug and its sphere of physiological action is more readily obtained.

Third.—As has been already intimated, it will more nearly correspond to the grouping manifested by the symptoms of the patient.

Fourth.—The order is the same as that employed in other text-books on kindred topics; physiology, pathology and physical diagnosis. Hence no new order will need to be learned.

But this rearrangement here proposed will not remedy all the evils of the present system. One already mentioned will be removed in only a very slight degree, that is the lack of *concomitance of symptoms*, under the present arrangement.

A method of lettering or numbering, or in some other way indicating such symptoms as are concomitant, would help in part, but nothing will ever fully atone for the complete and exclusive picture of drug action at a given stage of its pathogenesis. This demands another basis of treatment than that proposed in the Physiological arrangement.

In addition to the reasons already given for the proposed change one more deserves our thoughtful consideration. A decided gain may rightfully be expected from the ranks of "our friends, the enemy." Homœopathy is still in the minority, and

very largely so. It has grown vigorously, but not so fast as it might have done had we possessed a more readily comprehensible *materia medica*. The two schools are drawing nearer to each other every year, but the concessions of homœopathy are as nothing compared to those made by the other school. We have not abated one jot or tittle from our main principle, the law of *similia*.

On the other hand, the leading drug houses of the other practice throughout the land are vying with each other to see who shall place on the market the largest line of tablet triturates in doses small enough to make the skeletons of the allopaths of the last generation rattle in their graves with indignation. Our allopathic brethren are learning the efficacy of small doses, and if their manufacturers improve during the coming three years at the rate of the last three, high potency homœopaths may obtain their supplies from almost any allopathic house. If now we offer them a comprehensible *materia medica*, we shall yet many of us live to see the day when homœopathy will be in the majority, and not as now only a respectable minority.

Homœopathy is bound to be the medical science of the future, for it possesses the fundamental truth of the healing art. With us of to-day rests the responsibility of helping or hindering this consummation.

Comment and Criticism.

ANOTHER VIEW OF IT.

The spirit of Dr. Van Denburg's article is commendable, and the trend of his line of study of great importance. Discussion on the arrangement and value of our *materia medica* did not begin this year nor will it end during the next, but we can cordially welcome Dr. Van Denburg's essay in this direction, and all others. Human opinion must ever differ in regard to any given subject, because each of us approach a knowledge of that subject by our own route, bringing with us preconceived ideas which may or may not be absolutely correct. It seems to me,

and I state it only as individual opinion, and, therefore, entitled to no greater weight than Dr. Van Denburg's, that more cogent reasons must be found for recasting the *materia medica* than are here given before we shall be ready to abandon the arrangement of Hahnemann, even though we admit that this latter is far from faultless. A rearrangement would invalidate much of our present material, and all of our present text-books, including Allen's *Encyclopædia*. It would cast suspicion on the accuracy of our records, unjustly perhaps, but nevertheless certain to follow; and instead of helping forward homœopathy, would be used as an argument against us.

I must differ most emphatically from Dr. Van Denburg when he states that on the "complete picture of concomitant symptoms * * * depends the successful employment of homœopathic remedies." This is quite the reverse of truth. In fact, so little have concomitants to do with the value of a drug therapeutically, that if in any given patient we find twelve symptoms indicating a certain drug, it makes no difference whatever whether these symptoms appeared all in one prover, or whether each one appeared in a separate prover. That is, if a symptom is a genuine effect of the drug, it is a matter of indifference what its concomitants may have been. This is contrary to the opinion of many of our most valued writers, and I would not have dared to express it but that I know it is a clinical fact. That a drug should be curative in any given case it is not necessary that the sequence of symptoms should be the same as in any one proving, though reason might insist that this should be so; but clinical experience supercedes reason, and becomes a law unto itself. To rearrange Hahnemann, therefore, to secure such a result is labor lost, and would prove a hindrance and not a help to homœopathy.

I do not know as it would be any advantage to make the study of *materia medica* easier even if we could. The effort to memorize it is a mental discipline which is particularly valuable because most of our students have not had the advantage of a thorough mathematical training. One cannot *learn* *materia medica* without acquiring good intellectual habits, and though it is never studied primarily, as mathematics are, for the acumen developed, I have noticed in my own students (of whom I have had more than a half hundred) that the study of *materia medica*

sharpens the wit, teaches habits of order and precision, and makes definite the choice of words. The present arrangement compels the student to make an individual study of the relationship between symptoms in cognate drugs, and thus develops both memory and powers of observation and comparison. The student who "surveys the materia medica with mysterious awe," and sees in it "a confused mass which he scarcely attempts to unravel or comprehend," may be a very worthy fellow, but he lacks industry. Simplifying the study by rearrangement or elimination may furnish pap for callow youth, but it is not the way to make strong men. The only road to accurate prescription is to follow in Hahnemann's footsteps, and according to Dr. Van Denburg, "learn most of them (remedies) by heart"—or by head; and the man who has a head that won't hold it cannot make an accurate prescriber.

The idea that "to-day the wealth of our materia medica * * * confounds the doctor and robs the patient" is absurd. The fact that zizia is useful in certain forms of catarrh or asthma was a fact before anybody discovered it, and is eternally a fact, and God did not make it so for nothing either. Nor did the man who discovered this fact rob anybody of anything, except of ignorance. Our materia medica can never be too rich, and never will be complete until man ceases to be finite. Every remedy has its own peculiar work to do, cyclamen cannot supplant pulsatilla, nor pulsatilla cyclamen. Each has its own God-appointed place, and it is only ignorance that makes anything seem superfluous.

Dr. Van Denburg might do us all a service by indexing Allen's Encyclopædia according to his proposed schema. This would answer every useful purpose as far as actual practice goes, and would obviate the serious objections to altering the form of our materials. When I laid out the substructure of my little Repertory (in 1880) I adopted a grouping of forty-one subjects, and have found no difficulty in referring from it to the groupings in Allen's Encyclopædia or Hering's Guiding Symptoms when desiring to study a case at leisure. So probably a still further and more comprehensive change in the rubrics would be equally workable.

GEO. W. WINTERBURN.

NEW YORK, 29 West 26th street, Jan. 21, 1888.

DR. GENTRY'S PLAN.

NEW REPERTORY OF THE WELL PROVEN AND MOST RELIABLE SYMPTOMS OF THE MATERIA MEDICA, ON THE PLAN OF CRUDEN'S CONCORDANCE OF THE SCRIPTURES.
By W. D. GENTRY, M.D., Kansas City, Mo.

EDITOR ADVANCE: The above is the title of a work now being prepared for the press, and at your request I send you the following sample of the classification of the symptoms. On a moment's reflection any physician will see that the work will be invaluable, as by it we are enabled to quickly find the remedy which corresponds to, or affords a similar for, any given symptom, without requiring a search in the *Materia Medica*. I am preparing the work in sections, each devoted to one or more portions of the body. For instance, the first section will be devoted to the mind, giving reference to all reliable mental symptoms. The second, to the head, embracing all head aches. The third to the eyes. Fourth to the ears. Fifth to the nose. Sixth, the face. Seventh to the alimentary canal, including the mouth, throat, cesophagus, stomach, abdomen, rectum, anus and stool. Eighth, the urinary organs. Ninth, male organs. Tenth, female organs. Eleventh, respiratory organs. Twelfth, heart and pulse. Thirteenth, neck and back. Fourteenth, extremities, including upper and lower limbs. Fifteenth, the skin. Sixteenth, sleep. Seventeenth, fever. Eighteenth, generalities and key-notes.

The first, second, fifth and tenth sections are now ready for publication, and the seventh will be ready before spring.

To find the desired remedy for any given symptom, first ascertain one or more of the principal words in the sentence, expressing the central thought or the object of the sentence, then refer to the index.

For example, you wish to ascertain what remedy has the following symptoms: "Constant dull frontal headache, worse in temples, with aching in umbilicus."

Frontal, temples, aching, umbilicus, being the principal words in the sentence, you would find it under F., T., A., and U.; and as the aching in the umbilicus is the distinguishing thought, you would most certainly think first of aching and umbilicus, and on looking under A. or U. you would quickly find that *leptandra* is the remedy.

A

Ascending } Pulsation in the head ascending from abdomen.—Plumb.
Abdomen. }

Action.—Violent action of the heart, and distinct pulsation in the head and over the whole body.—Glon.

Aching.—Constant dull frontal headache, worst in temples with aching in umbilicus.—Lep.

B

Backward.—Head bent b.—neck stiff.—Spong.

Backward.—Great weight in occiput, head constantly falls b.—Agar.

Ball.—Sensation of a round b. in forehead setting firmly there, even when shaking the head.—Staph.

Ball } Headache as if a b. were rising from the throat to the brain.—
Brain. } Plumb.

Board.—Dizziness with a sensation as if a board were pressing on the forehead.—Bell., calc.

Brain.—Undulating or wave-like motion in the brain.—Glon.

C

Catamenia } Vertigo from congestion; from anger; from fright; from
Congestion. } suddenly suppressed catamenia.—Acon.
Catarrhal.—Dull, heavy frontal headache, c.—Hyd., euph., merc.
Carriage.—Headache from the motion of a carriage.—Bell., cocc., kali c.
Carriage.—Headache worse riding in a carriage.—Nux m. (Reverse,
 Nit. ac.)

D

Descending.—Vertigo on d.—Ferrum. Reverse, calc.
Dizziness.—D. with a sensation as if a board were pressing on the fore-
 head.—Bell., calc.
Dorsal.—Vertigo ascending from d. region through nape of neck into head,
 constantly inclined to fall forward all day, while stooping
 at work.—Sil.
Dull.—D. heavy frontal headache, catarrhal.—Hydr., euph., mer.

P

Pulsation.—P. in head ascending from the abdomen.—Plumb.
Pulsation.—Violent action of the heart and a distinct p. in the head and
 over the whole body.—Glon.
Pressing.—Dizziness with a sensation as if a board were p. on the fore-
 head.—Bell., calc.

U

Umbilicus.—Constant, dull, frontal headache, worse in temples with
 aching in u.—Lep.
Undulating.—U. or wave-like motion in the brain.—Glon.
Urine.—Heaviness of the head, relieved after profuse emission of watery u.
 —Gels.
Uterine.—Headaches dependent upon u. disorders.—Cim., caul., lil.,
 puls., sep.

I presume the above will be sufficient to show the character and design of
 the new repertory. I would like very much to hear from physicians as to
 whether they want the work published. W. D. GENTRY, M.D.

Dr. Gentry has for several years been devoting his spare time
 to this work, which is now sufficiently advanced to prepare for
 publication. It will contain "every reliable and verified symp-
 tom of our well proven remedies," and make about eighteen
 volumes of the size of Lippe's Repertory, each volume being
 devoted to a rubric. Of the arrangement Dr. Cowperthwaite
 says: "I am convinced that you have adopted the proper and
 only available method to prepare a thorough and complete rep-
 ertory of the materia medica. I am confident that if you suc-
 ceed in getting such a work published it will be well appre-
 ciated by all homœopathic physicians who pretend to study the
 materia medica." A work like this can be best published by
 subscription, and if the profession will signify a desire to have
 it, there will be no difficulty in finding a publisher. The author
 will have done his part when he completes the MS., and should
 not be asked to go to the expense of publication. We shall be
 glad to publish items in reference to it.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—FAHNEMANN.

DIPHTHERIA. — ANOTHER CURE-ALL. — Grauvogl long ago pointed out the fact that alcohol was one of the chemical agents capable of dissolving or destroying fungus growths. Reasoning from analogy the editor* of the mugwump organ of homœopathy in New York, who dropped the name—as he long before had dropped the practice—in order to obtain "recognition," has proclaimed alcohol as a specific for diphtheria. He says:

Alcohol, we make bold to say, is the prince of antiseptics, and the most *perfect* and *reliable* medicine of which we have any knowledge in diphtheria.

• • • Since the autumn of 1873 we have treated all our cases alcoholically with most gratifying results. The malignancy of the disease yielding at once to the correcting power of the drug, thus assuring recovery. The use of alcohol has banished from our mind the anxiety which we formerly experienced when called to diphtheritic cases.

It is the thing to do in the other school—at least the practice has become very common—for a physician to seize upon some alleged new remedy or plan of treatment as a specific for a certain disease, and "write it up"—not neglecting of course to get his name prominently before the public in connection therewith—with such fulsome praise as generally belongs to the patent medicine man. As instances of this we have had, cundurango for cancer, the Berjeon treatment for consumption, etc., etc., *ad nauseum*. Now, since the editor of the New York Medical Times has taken down the flag and joined the majority—the

* Presumed to be the editor as the writer uses the editorial *we*.

school without a name or an aim—to be in the fashion he must herald his advent by “writing up” a specific for diphtheria. Well, it is not much of a discovery after all. Like all rockets it must soon come down.

The editor of the Medical Era appears to have had his attention arrested by the claim, yet he says: “Kali chl., carbolic acid, bromine, sulphur and a thousand and one other things have enjoyed a brief reputation, but the usual disappointment has followed their use.” Certainly, disappointment has, and always will, follow the use of any remedy when applied to the treatment of the *name of a disease*, whether it be diphtheria, cancer, or consumption. This is the allopathic plan—one key must fit every lock—but as it does not conform to the law of cure, which treats patients, not diseases, it must end in miserable failure. In the last half century we have had a pretty thorough proving of alcohol, and that too in the crude form, but thus far it has failed to develop any symptoms resembling any form of diphtheria, either benign or malignant. As homœopaths, had we not better wait for the symptoms before applying it in this affection?

* * *

ANOTHER COUNTY HEARD FROM.—Now that the “returns” begin to come in, the editor of the New York Medical Times can see the value of his wonderful specific. Here is one from the Pacific Coast in which the writer not only freely expresses his opinion, but clinches his argument with clinical facts.

DIPHTHERIA.—The editor of a New York medical journal claims that alcohol is “the most perfect and reliable medicine of which we have any knowledge in diphtheria.” He has used it since 1873, and during the interval has lost but one case, which was dying before the remedy was administered. Used as a gargle, he says it is a sure prophylactic. Such statements as this, which are so frequently inflicted on an unoffending public, merely show that the writer has seen but very little diphtheria. Alcohol is used in diphtheria by almost all practitioners, and yet look at the mortuary records of all large cities, with their terrible list of deaths! We have seen more than 200 cases die of diphtheria, notwithstanding the careful and persevering use of alcohol and other drugs. The remedy for diphtheria lies hidden in the womb of the future.—Southern California Practitioner.

The editor of the Times has not found in alcohol, a specific for diphtheria. Neither will the editor of the California Practitioner find said specific “in the womb of the future,” nor any-

where else, because the dread disease is not an entity, it is not "built that way." But an honest search, by an honest man in the pursuit of truth, will find remedies in abundance with which to cure nearly every patient suffering from diphtheria. And there is an unerring law to guide in their administration. "Seek and ye shall find ; knock and it will be opened unto you."

* * *

A STINGING REBUKE.—The Philadelphia Daily News, Oct. 8, 1887, has the following:

The sad case of the beautiful actress, Sara Jewett, a victim to the deadly and insidious "chloral habit," points a moral which he who runs may read. The true story seems to be that some years ago, in London, Miss Jewett, broken down from overwork and loss of sleep, consulted a prominent English physician, who prescribed a compound of orange-flower water and chloral. The prescription brought immediate relief, and the first step taken, the rest was easy, until Miss Jewett, like so many other talented men and women, alas! became a slave to the dangerous and deadly drug. It is to such people that the chloral and morphine habits are most dangerous. Overwrought nerves are quieted, overtaxed brains are soothed, and not infrequently in total ignorance of what they are doing, relying blindly on the physician who has given such swift relief, they turn to it again and alway, until existence becomes a burden without it, and the well-nigh incurable habit is firmly fixed.

"There is nothing which I can give you to relieve you absolutely except chloral," once said an eminent physician to a patient in the agonies of neuralgia, brought on by nervous prostration, "and my advice to you is, suffer anything rather than take it; it is the most insidious devil in the world."

The physician is too often to blame for the formation of the habit, since a warning like the above would save many.—Hom. Physician.

And yet, in the face of this honest advice by an honest allopathic physician, the professors in many of our homœopathic colleges are teaching their students by both precept and example to use the palliatives of the dominant school because, fore-sooth, they do not know or are unable to find, the indicated remedy—the true, the best of all palliatives. Why not teach them how to find the simillimum? But how can they teach that which they do not know? Who is to teach the teachers? In the Medical Era for December, Professor Arndt combats Hahnemann's teaching as follows:

The rule which Hahnemann urged, to the effect that opium should never be used in physiological doses for the relief of pain, may reasonably be found to have two exceptions; first, when it is clearly seen that death is inevitable; second, when the agony is so intense that the pain itself is likely to produce

more dangerous symptoms than already exist and the physician can honestly conclude that the rest, brought about by the exhibition of opium, will aid in a more speedy cure. If you ever should come to such a conclusion don't be so silly as to attempt a compromise by infinitesimal doses of the drug: give $\frac{1}{8}$ of a grain. Do not try to conceal the fact of your having used the drug either; do it openly and above board, and for a reason.

It would be very strange, indeed, if a class of students after receiving such instruction from the chair of materia medica—instruction in direct opposition not only to the admirable advice of Hahnemann and the science of therapeutics of Dunham, but to the practice of some advanced allopaths—should not always find it easier to excuse their conscience and their act than to diligently search for and find the true remedy. It is the paltry plea of the lazy man, a tacit acknowledgement either that he does not know how, or has never been taught the use of, the books with which to find the simillimum. Is it any wonder that when teachers and journals promulgate such doctrines, our colleges should turn out “Dover-Powder” homœopaths? Is the student to blame if he practices what he is taught? How often has the homœopath been called in and by the aid of the simillimum which the allopath knew not how to select, reversed the prognosis after opium palliation had proved ineffectual and “when it is clearly seen that death is inevitable?” It was simply a case of “know how.” All that was required was for some one to find the remedy; some one who knew his materia medica and was willing to do his work. We think this disposes of exception No. 1. and we turn over No. 2 to the tender mercy of Dr. E. A. Farrington, a teacher of another kind of materia medica.

No drug is more freely abused by both allopath and homœopath (!) than is the one we are studying to-day. I would that I had both opportunity and ability to convince the practitioner of the old school of medicine, of the absurdity of his indiscriminate use of opiates, and I could hope still more earnestly to dissuade homœopaths from hiding their ignorance under the anodyne effects of an occasionally interpolated dose of morphine or laudanum. The one class, ignorant of any other means of assuaging pains, and the other class too lazy to study their cases, seek relief for their patients in anodynes. Call them to task for their unscientific practice and they meet you with the remark, “My duty is to relieve the sick.” Let me rejoin, “At any cost, must you do what you know to be wrong?” “No, but how do you make it out wrong?” Let me reply by a brief *resume* of the *modus operandi* of opium, and then if this question is not answered I make no further objections to anodynes.

In small doses, opium has primarily a transient exhilarating effect. It seems, however, to effect the emotional more than the intellectual sphere. The mind feels as if floating in the air, unincumbered by the laws of space and gravity. The imagination has full play. If now the dose is increased, either in quantity or by frequent repetition, there follows a sleepy state. This sleep varies all the way from a pleasant feeling of easy drowsiness to the most profound stupor. This narcotic and anodyne effect of opium is the result of *increased circulation of blood in the brain*. [Italics ours.] This it does, not only by increasing the amount of blood supplied to the brain, but also by interfering with its return to the heart. Let me digress for a few moments and speak of the physiological explanation of sleep. Hammond has shown that during this state, the quantity of blood circulating in the cranial cavity is greatly diminished. If you give opium to produce sleep, what do you do? Do you produce an anæmia of the brain? [As in natural sleep?] No, just the reverse. I ask you, then, is the administration of opiates for their anodyne effects at all rational?—Lectures, p. 244.

* * *

BOENNINGHAUSEN'S CROUP REMEDIES.—

EDITOR ADVANCE:—The January number of the unexcelled ADVANCE is just received. I hasten to give my name as a subscriber to Dr. Guernsey's reprint of the great Boenninghausen's Therapeutic Pocket-Book. Many years ago I read Boenninghausen's prescription for croup, by means of which I have been enabled to save the lives of many little patients.

The prescription is as follows: aconite 200, hepar 200, spongia 200, the latter following instead of preceding hepar. Begin with aconite and follow with hepar then spongia, one dose of each, half an hour or two hours apart. Then wait two hours, and if not at all relieved, repeat medicines in the same way, and as soon as improvement begins omit all medicine as long as progress is satisfactory. The third repetition is seldom necessary.*

If physicians who have never used remedies in croup above the first or third potency, when these fail (as they often do from aggravation) would be so kind as to substitute the two hundredth potency as directed above, they will be likely to "rejoice with them that rejoice." G. S. STEVENS.

Providence, R. I.

Who can read this testimony of Dr. Stevens, or the case of true croup reported by Dunham, on page 467 of his Science of Therapeutics, and not be convinced of the efficacy of the croup treatment of Boenninghausen. And yet, though this treatment

* Dr. Boenninghausen is in the habit of prescribing for croup as follows: He prepares five powders, to be given in the order of their numbers, dry on the tongue at intervals of a half hour—the remedies being: 1, Aconite; 2 and 4, Hepar; 3 and 5, Spongia—all of the 200th potency—the administration to be suspended as soon as relief is manifest. From the great number of cases which Dr. Boenninghausen speaks of having treated (300), it is evident that he applies the term "membranous" croup more indiscriminately than is warranted by current pathological notions. This, however, does not affect his argument, since even the milder forms of croup in which his first or first two powders suffice to cure, most homœopaths would employ the tincture or a low potency.—CARROLL DUNHAM.

was successful, and though practiced by such consummate masters of the healing art as Boenninghausen and Dunham, it cannot be said to be strictly Hahnemannian. Neither can the practice be defended nor its success explained except upon one hypothesis, viz: *the relationship of remedies*; a department of our therapeutic system—a practical corollary of the law—yet in its infancy, but which bids fair, when fully understood and practically applied, to yield our most brilliant triumphs. This relationship was first applied by Hahnemann and contributed largely to his wonderful success in the treatment of chronic disease. The acutely practical mind of Boenninghausen at once perceived its great advantage, extended its application to the rubrics and recorded it as an appendix to his Repertory, and there it has remained a practical dead letter, neither understood nor used by one homœopath in fifty, and apparently entirely neglected by the prominent writers of our school, Hering alone excepted. Here is one of the most practical corollaries of the law of cure, embracing the philosophy of homœopathy and pregnant with great possibilities, practically unknown, if not unheard of by the great majority. If our brethren who lament the alarming defects in our materia medica, would aid in perfecting our knowledge of the relationship of the remedies so as to apply our present provings as they are capable of being applied, there would be no necessity for a Cyclopædia of Drug Pathogenesis, built on that foundation of sand—the sequence of drug action—which can only end in disappointment.

We have heard old and experienced practitioners affirm that in the treatment of gastric affections attended with obstinate constipation, they often obtained better results from the use of nux vomica and sulphur, in alternation, than from either remedy given singly. Although entirely convinced that this was a therapeutic fact which they had repeatedly verified in practice, they were unable either to account for or explain it. A knowledge of the relationship of remedies affords a ready explanation. Nux vomica is complementary to sulphur; and had this relationship been known and understood and its requirements complied with, much more satisfactory results would have been obtained, and when obtained the knowledge would have been valuable for future application, because based upon purely inductive philosophy. In cough, croup and acute affections of the chest, acon-

ite is followed well by bryonia, hepar, spongia according to symptoms.

Calcareo must be used *before* never *after* kali bich. and lycopodium; but graphites, phosphorus, silica follow lycopodium well. Many cases of post-nasal and post-pharyngeal catarrh may be permanently cured by calcarea, properly followed by kali bich., that cannot be cured by either alone.

Bryonia, lycopodium, natrum mur., nitric acid are followed well by kali carb.; and kali carb. is followed well by carbo veg. and phosphorus. In acute diseases, diphtheria, enteritis, hydrocephalus, pneumonia, where a patient is apparently improving under the indicated remedy, and then a change of symptoms takes place and improvement ceases; the case is desperate, life or death is in the balance and the weight of a hair may turn the scale for or against the patient. Now it is, that a knowledge of the relationship of remedies may be all-important to physician and patient. A remedy inimical to, or the antidote of, the one under which improvement has taken place, may swing the pendulum too far and a reaction may never be obtained. The vital force has been overpowered, the best selected remedy fails to obtain a response.

Again, it is not an infrequent occurrence to find apis and rhus prescribed in alternation, in acute erysipelas; argentum nit. and natrum mur. in diseases of the eye; lachesis and sepia in prolapsus at the climacteric, etc., etc., remedies universally inimical to each other, so much so that one should never follow the other without the intervention of an intercurrent remedy, and that an antipsoric. Were this relationship better understood or more thoroughly studied, the supposed necessity for alternation would be found in very few cases. And so, too, a thorough knowledge of the characteristics of aconite, hepar and spongia, with careful individualization on the part of the physician, would render their consecutive use in croup entirely unnecessary. In croup as in every other disease, the single remedy properly used yields the best and most satisfactory results.

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HOMŒOPATHIC DOSAGE.—“The homœopaths of this city are prescribing antipyrine in fifteen-grain doses.”—Medical Record.

The editor of the Record is noted for his broad, sweeping and generalizing statements, but the above is almost the broadest

which this sage of Gotham has yet put forth. Perhaps a few so-called homœopaths, members of the recognition wing and followers of the teachings of our esteemed but misguided contemporary, the New York Medical Times, prescribe antipyrine as they do morphine and quinine. For them, similia is but a partial law, bounded by their knowledge of materia medica, and "when homœopathy fails" they think they are justified in resorting to the palliatives of the allopath. But we might with equal justice say, the allopaths of New York are prescribing the 30th potency of homœopathic remedies. It would be quite as near the truth. Honesty will pay best in the long run.

New Publications.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. Twenty-third Annual Session. Philadelphia: Published by the Society. 1887.

This is a handsome volume of 370 pages, well printed and well bound and contains many valuable articles. It clearly demonstrates that it is the ripe thought of a well conducted, enthusiastic, hard-working organization, which, for original work, may now be considered our banner State Society. In materia medica and therapeutics it certainly makes a better showing for 1887 than the American Institute. We heartily congratulate both officers and members on their decision of making a repertory of Hering's Condensed Materia Medica. It is a great undertaking but will well repay the labor expended on it.

CYCLOPÆDIA OF DRUG PATHOGENESY. By RICHARD HUGHES, M.D., and J. P. DAKE, M.D. Part VI. Chromium-Conium. Vol. II. Published by the American Institute of Homœopathy and the British Homœopathic Medical Society.

The numbers of this materia medica have been promptly issued and with commendable regularity. We have studied each part with some care, but regret to say that thus far, it has proved of little value to us in practice and we cannot say we are highly pleased with the ideal materia medica of Drs. Hughes and Dake. From present indications, it will be valueless to the homœopathic prescriber, except as a reference in toxicology, and we do not see how an index or repertory can materially change it. The omission of so many valuable symptoms from nearly every remedy—and symptoms abundantly verified—simply because they do not come under the cast-iron formula of the editors as to potency, practically emasculates the work for homœopathic

purposes. We think with Dr. Kent, it should be called a cyclopædia of "toxicology." If the "sequence of symptoms," about which so much has been written, can present nothing better to the homœopathic student, this work will not run through many editions.

CYCLOPÆDIA OF OBSTETRICS AND GYNÆCOLOGY.

Wood's Library of Standard Medical Authors for 1887 is completed, and the promises of the publishers made in the prospectus faithfully carried out. The library contains twelve fine volumes, good text, well bound and profusely illustrated with nearly 2,000 engravings. The work consists of original contributions, not condensed compilations, and is a fair exponent of the teaching and practice of the best German and continental gynæcologists of to-day, and the painstaking work of the American editor has made it a practical American work of reference in obstetric medicine and surgery. Therefore, to the practitioner who aspires to be abreast of the times, this work will be almost indispensable. As a specimen of the printer's art these volumes leave little to be desired, and form a splendid addition to the library, and at a merely nominal cost—\$16.50 for the twelve volumes—which brings them within the reach of every practitioner. The subjects considered in the four remaining volumes are as follows:

Volume V., containing: Gynæcological Diagnosis; General Gynæcological Therapeutics, by R. Chrobak, M.D., Professor of Gynæcology at the University of Vienna; and Electricity in Gynæcology and Obstetrics, by Egbert H. Grandin, M.D., Obstetric Surgeon to the New York Maternity Hospital. With one hundred and sixty fine wood engravings.

The first part gives the methods of examination and the instruments employed, with an especial view to diagnosis. The second part treats of the minor gynæcological operations—the use of the pessary, tampon, curette, etc., and in part third Dr. Grandin writes of the use of electricity in gynæcological practice, and its various modes of application.

Volume VIII., Diseases of the Ovaries, by Dr. A. Olshausen, Professor of Obstetrics and Gynæcology at the University of Halle. Thirty-six fine wood engravings.

In this volume Dr. Olshausen gives the genesis of ovarian tumors, their etiology, symptomatology, and the minutiae of operative procedure. It is well and profusely illustrated. Vol. VI. also contains the celebrated handbook of Kaltenbach and Hegar, now a standard authority on ovariectomy.

Volume XI., containing: Sterility; Developmental Anomalies of the Uterus, by P. Muller, M.D., Professor of Obstetrics and Gynæcology at the University of Berne; and, The Menopause, by E. Bœrner, M.D., Professor of Obstetrics and Gynæcology at the University of Graz. With fifty-nine fine wood engravings.

Sterility in both sexes is here treated of in a scientific manner in the first part of the work, and the congenital malformations of the uterus well illustrated by some strange cases. In the second part Dr. Bœrner considers the symptoms and complications of the menopause. To the general practitioner this is perhaps the most interesting of the series.

Volume XII., containing: Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extra-Uterine Pregnancy, by L. Bandl, M.D., Professor of Obstetrics and Gynæcology at the University of Prague; and Diseases of the External Female Genitals; Lacerations of the Perineum, by P. Zweifel, M.D., of Erlangen. With one chromo-lithograph and eighty-eight fine wood engravings.

The concluding volume of the series deals with two of the most important affections which the obstetrician or gynæcologist meets, viz., "Diseases of the Tubes," and "Extra-Uterine Pregnancy," in both of which Dr. Bandl has justified his claim as a clear and concise teacher, by giving us one of the best works on these subjects to be found in medical literature.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. A complete work on Dermatology.—An Atlas and Text-book combined. By GEORGE HENRY FOX, A.M., M.D. Hand-colored Plates; Ninety illustrations from life. Complete in twelve parts. Price, \$2 per part. Parts I, II, III, IV, now ready. New York: E. B. Treat.

It is eight years since the Photographic Illustrations of Skin Diseases by Dr. Fox first appeared, and the encomiums of the medical press, both in America and Europe, have furnished abundant testimony of its practical worth; and its extensive sale and translation into the French and German languages have demonstrated its appreciation by the profession. It has also demonstrated the value of the photographic art to furnish accurate and life-like portraits of the various phases of cutaneous disease. This series embraces several important affections not found in the former work, a new and better class of illustrations are presented and the number increased fifty per cent; while the text, a leading feature of the present edition, is nearly if not quite, doubled, making more than 200 quarto pages and designed as a complete work on dermatology—a text-book and atlas combined. The work will be complete in twelve monthly parts, each part consisting of four plates, comprising from six to ten cases, printed from the original photographic negatives, by the artotype (a new and indelible) process, on the finest quality of heavy cardboard, 10x12 inches, colored by hand, giving in each case the characteristic and life-like effects of the disease. Each plate will be accompanied by four or more pages of text.

MANUAL OF CLINICAL DIAGNOSIS. By S. OTTO SEIFERT and DR. FRIEDRICH MULLER. Revised and corrected by DR. MULLER and translated by W. B. CANFIELD, M.D. (Berlin); with sixty illustrations. New York and London: G. P. Putnam's Son's, 1887.

For the student, the hospital interne, or even the older practitioner, this is one of the most complete pocket reference books of diagnostic methods with which we are acquainted. The methods of examination of the different regions, and the various tests employed in analyzing the excretions are clearly described and are sufficiently exhaustive for all practical purposes. Many of these tests and methods were unknown during the student days of those who have been in practice fifteen or twenty years, hence this work should be welcomed by every practitioner who wants to be up to the times. The dose table is a useless appendage and a few years hence the author will regret its introduction.

RIMEDIE INDIVIDUALIZZATI PER SINTOMI E MALATTIE OVVERO GRANDE REPERTORIO CLINICO OMEOPATICO. Del DOTTOR TOMMASO CIGLIANO. Napoli. 1887. Paper; 8 vo; pp. 964. Prezzo, 20 lire. Clinical repertory: Remedies individualized by both symptoms and diseases. By DR. TOMMASO CIGLIANO. Naples. 1887. Paper; 8 vo; pp. 964; Price, \$4.

This repertory of nearly a thousand pages is preceded by an introductory volume of 80 pages devoted to pharmacology and pharmacodynamics, and is a credit to our Italian homœopaths. That it is pretty comprehensive in its scope may be judged by the fact that the index contains the names of 866 remedies. The arrangement for ready reference is apparently good, and we should say it is well condensed, although Dr. Lilienthal informs us he finds many omissions. However, he is ready to translate it "just as a pastime during his summer vacation at San Rafael," and as it cannot have an extended sale in this country in its present Italian dress, we suggest that the publishers of the California Homœopath employ this indefatigable translator and give us an English edition. No danger of getting too many repertories. If more were used better work would be done.

ANÆMIA. By FREDERICK P. HENRY, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc., etc. Reprinted from The Polyclinic. Philadelphia: P. Blakiston, Son & Co. 1887. Price 75 cents.

This little book is a reprint of a series of articles which have appeared in The Polyclinic during the past year, and is the first attempt at a systematic treatise on anæmia published in America. It is practically a study of the pathology of this and kindred affections consequent upon imperfect elaboration of the blood, the anatomical characters, diagnosis, prognosis and treatment in general and in particular. But both in pathology and treatment the author appears to have overlooked the constitutional dyscrasia, the underlying cause of anæmia in its various forms, and deals chiefly with the result. As a consequence, the treatment is too general in character and too late in application to be of much practical effect in working a cure.

TREATISE ON HUMAN PHYSIOLOGY FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc., etc. Philadelphia: Lea Brothers & Co., 1887. 8 vo; pp. 945. Cloth, \$5.50; leather, \$6.50.

It is doubtful if there is to-day, in any American college, a teacher who is better qualified, theoretically and practically, to produce a classical work on human physiology than the author. For years he has made zoology a study, and so far as one man can has mastered the science, and this knowledge crops out everywhere in the present volume. Physiology is a progressive science. With the onward march of scientific discovery it must keep pace. Hence it is constantly changing, and works of reference and text-books to keep abreast of the times must be frequently re-written or new ones published. Draper and Dalton, deservedly the most practical and popular of all American works on this subject, are not up with the times, and we

gladly welcome Chapman to our library. The easy, graceful style of the author makes this book as entertaining as Draper, and that is saying as much for it as can be said for any work on a medical or scientific subject. "It is no trouble to read Chapman's Physiology," said a friend, "it is as entertaining as a romance." The author has been exceedingly fortunate, too, in securing a publisher who has evidently spared neither time nor money in bringing out the work. The illustrations, both in character and quality, are unexcelled by any work with which we are acquainted, and we congratulate the publishers on their success in presenting the profession with not only the latest but the best work on human physiology to be found in the English language.

FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF OHIO.

If this volume be an index of the future work of this Board when once it gets into running order, the people of Ohio are to be congratulated. The rules for the "restriction and prevention" of diphtheria, scarlet fever and typhoid, and the illustrations showing probable mode of the cause and spread of several epidemics, are alone worth more than the expenses of the Board for the next decade, if it do nothing else. Dr. D. H. Beckwith, the homœopathic member of the Board, has two very good papers on "Food Adulteration," and Dr. Beebe reports an interesting case of "milk sickness."

MEN, PLACES AND THINGS. By WILLIAM MATTHEWS, L.L.D., author of "Getting on in the World," "The Great Conversers," "Words, Their Use and Abuse," "Hours With Men and Books," "Literary Style, and Other Essays," etc., etc. Pp. 386. Chicago: S. C. Griggs & Company. 1887.

This work consists of a series of most charming essays, of which we may mention "Character of Napoleon I," "William Wirt," "Bulwer," "Alexander Dumas," "The Weaknesses of Great Men," "The House of Commons," "The Tricks of Types," etc., etc., written in the best vein of this entertaining author. Few essays in modern literature equal these masterly portraits of "Men and Things," and none excel them. When you are tired, after a long ride, or the working up of a difficult case, an hour with "Men, Places and Things" will give you a good night's sleep or prepare you for future labors. Over 100,000 volumes of Dr. Mathew's works have now been published, and a complete set should be found in the library of every wide awake physician. These essays will revive and inspire new zeal in the breast of many a struggling young physician.

SPECULATIONS: SOLAR HEAT, GRAVITATION AND SUN SPOTS. By J. H. KEDZIE. Chicago: S. C. Griggs & Co. 1886.

While apologizing for inflicting another book on a book-ridden public, the author says: "The themes here treated are three apparently disconnected subjects, but if I am correct, they form a closely connected trinity, depending upon a common principle," and it is this "common principle" underlying all of them, as a primal or natural law of action, with which our author grapples. At present there are five or six different theories of solar heat advanced by

scientists, but no fixed, settled doctrine, while for gravitation there is neither doctrine nor theory. The cause of sun spots, which of late has attracted unusual scientific attention in current literature; has had a number of ingenious theories assigned, but thus far none have met with anything like general reception. The author thinks he has found, and offers some very strong arguments in support of the theory, that, by a single well known principle, "gravitation is connected on the one hand with solar heat and on the other with sun spots." For particulars of the principle, see the book.

THE PROGRESS OF LEARNING. A Poem, delivered at the Centennial of Columbia College, New York, April 13, 1887. By GEORGE LANSING TAYLOR, LL.D. 12 mo., 46 pp. Fine cloth. 25c. New York: John B. Alden. 1887.

The admirable manner in which Helmuth in "How I Became a Surgeon" has woven in poetic fancy the names of provers and remedies, has made even the science of therapeutics amusing, at least, far from dry and uninteresting; so in "The Progress of Learning," Dr. Taylor has clothed in poetic language the almost endless line of names of schools and scholars who have been prominent in the history of learning and made them fascinating. We predict for "The Progress of Learning" a permanent niche in our literature record.

But how it can be produced for 25 cents is one of the mysteries of book-making. And here are a few more standard works recently issued by this house:

TODD'S STUDENT'S MANUAL. A new edition, unabridged. Reduced in price from \$1.50; paper covers, 10 cents; post-paid; cloth, 25 cents; postage 7 cents.

Over 300,000 copies of Todd's Student's Manual have probably been sold in English, besides numerous translations, though heretofore, in the United States, the price has not been less than \$1.50.

THE STRUGGLE BETWEEN THE TORCH AND THE SPADE. A good book on an interesting and far-reaching subject. Such is DR. HUGO ERICSSON's volume on the "Cremation of the Dead," published by D. O. Haynes & Co., Detroit, Mich.

It is an eloquent plea for the burning of the dead; a vivid and in no way exaggerated picture of the threatening evils attending earth-burial; a strongly-framed refutation of the religious and medico-legal objections raised against cremation; a powerful appeal to common sense against superstition and prejudice. While perusing these vigorous pages, one unmistakably feels that the heart of the author was at work as much as his mind. One breathes in them a warm love of mankind, a right sense of human dignity, and a true æsthetic feeling, as regards an endearing veneration to the departed ones. The book opens with a brief historical review of the question, showing that the practice of burning the dead dates as far back as the dawn of history, and is independent of religious creed, having been originated, as it appears, by merely sanitary motives. Then follows a bird's eye view of the position of

cremation all over the civilized world, with a just dispensation of praise to those deserving men whose energy and talent was spent in furthering the reform. Next comes the best part of the book, wherein the author shows the unhealthy conditions of the cemeteries, which, besides being an unrelenting source of pollution to the air and water through the pestilential effluvia of the decaying bodies, and the poisonous germs of infectious diseases, are themselves no guarantee of the peace of their rotting hosts, and are unable to afford them the rest and protection against man or beast or the elements to which they should be entitled. Innumerable and well authenticated facts, a frightful array of human miseries and tomb desecrations stand there as many grim witnesses to support the only logical conclusion of the argument, viz.: the necessity of a speedy reform in the disposal of the dead and of the substitution of cremation for corruption and of purification for putrefaction. Are the processes so very different, after all, that public feeling should shrink from innovation? Not at all. What is burial? What is cremation? Chemically, exactly the same thing. A process of oxidation in both cases. In the former the process is slow, fraught with disgust and danger to the living; in the latter it is speedy, harmless, purifying, esthetic. Burial is only a murder of the living by the dead; cremation is the pious and prompt restitution by the living of the volatile elements of the mortal frame to the world of sunshine and flowers. The book concludes with a very hopeful review of the many cremation societies recently sprung up—from ashes, literally, like so many phoenix—both in Europe and in America, and with the very legitimate inference therefrom that the time will come when incineration will be customary and interment obsolete. No doubt of that.

B. S. A.

LUCILE. By OWEN MEREDITH. Ideal edition. Brevier type, 172 pages. Paper, 12 cents; cloth, 25 cents; postage 6 cents.

LOCRINE: A TRAGEDY. By ALGERNON CHARLES SWINBURNE. 12mo, Long Primer type, fine cloth, 20 cents; postage 5 cents.

Scribner's Magazine.—One of the leading papers in the January issue is the *Man at Arms*, a very readable paper on the perfection of armor from the time of Charlemagne to the year 1450. The illustrations, which are good, are based upon or largely taken from the collection of military manikins in the Museum of Artillery of Paris, the largest, perhaps, in the world. Altogether taken, the promise is good for a successful year.

Annals of Gynecology.—A new monthly, edited by E. W. Cushing, M.D., made its professional bow in October, '87. Its articles are above the average—chiefly operative and pathological—and we welcome it to our table.

The Journal of Morphology, edited by C. O. Whitman, is devoted to the presentation of original research in embryology, anatomy and histology. The first number appeared in September, and the second number, completing the first volume, will be issued toward the end of December. No 1, of vol. i, is fully as good as promised in the prospectus, well illustrated, well printed, a credit to both editor and publisher. Every zoologist should read it regularly. Ginn & Co., publishers, Boston.

The Century for January contains many valuable papers but the chief interest will now centre on the Russian article by Mr. George Kennan, the Siberian traveler and writer, who has been black-listed by that Government, and will not be permitted to re-enter the Czar's dominions. "I expected, of course," says Mr. Kennan, "to be put on the Russian black-list. I am only thankful that I succeeded in crossing the frontier with all of my material and papers coming this way. The outside of the Russian frontier line is a good enough side for me at present. I became satisfied before I got half through Siberia that I should never be permitted to go there again, and that after the publication of my papers no other foreigner would be allowed to make investigations there, and I lost no possible opportunity to secure accuracy and thoroughness. I brought back more than fifty pounds of notes, papers and original documents, many of the latter from secret government archives, besides 500 or 600 foolscap pages of manuscript prepared for me by political exiles in all parts of Siberia, and covering the most noteworthy episodes in their lives. I visited every convict mine in Siberia, and every convict prison except one, and I believe I know the exile system better than most officers of the exile administration, and far better than any outsider. I can regard the black-listing, therefore, with a certain degree of complacency. The stable-door is locked, but the horse has been stolen—and I've got him.—N. Y. Tribune.

Magazine of American History for January opens with a description of the New York home of Thurlow Weed, where the last seventeen years of his eventful life were spent, and his portrait forms the admirable frontispiece. But the paper which perhaps will be read with as much interest as any in the number is, Canada; Reciprocity or Commercial Union, by our Boston correspondent Dr. Prosper Bender. The article is well written and will no doubt attract much attention. It deserves a thoughtful perusal.

The Atlantic Monthly for January has been received, and the excellent steel portrait of Miss Murfree ("Charles Egbert Craddock"), which forms the frontispiece, will gratify many admirers of this famous writer. The first of her new story, *The Despot of Broomsedge Cove*, appears in this number and gives evidence of being equal to anything she has written. The number opens with the first chapter of *Yone Santo: A Child of Japan*, the new serial story by Edward H. House, and a most entertaining chapter it is. Unpublished Letters of Benjamin Franklin, to his brother printer, Strahan, of England, are full of value and significance, throwing a new light upon certain of the best aspects of Franklin's character, as well as upon provincial politics and society of the times in which he lived. *The Atlantic* has a good "bill of fare" for 1888.

Journalistic Enterprise.—Our exchanges show that the report of the proceedings of the International Medical Congress, distributed by the Medical Record has received a more extended acceptance of recognition by medical journals than any medical report ever published. It was not only sent to American and English journals on application, but translated into French and German and sent all over Europe. Such enterprise deserves success.

IN MEMORIAM.

ADOLPH LIPPE, M.D., died January 23, at 9:45 A. M., of typhoid-pneumonia, after an illness of three days. Such is the brief yet sad announcement which terminates the earthly career of perhaps the best-known, the ablest therapist, and the most successful prescriber, which the American school has produced. A worthy disciple of the immortal Hahnemann both in his teachings and practice, his death leaves a vacancy in our ranks which we fear will long remain unfilled.

Dr. Lippe was born on the 11th of May, 1812, on the family estate of "See," near Goerliz, Germany. He was a descendant of the old and illustrious German family of Lippe, his parents being Count Ludwig and Countess Augusta zur Lippe. In his youth he was destined for the bar, receiving therefor the most thorough and careful academic training and was graduated in his literary course at the University of Berlin. While prosecuting his legal studies, which were never entirely adapted to his taste, his attention was called to the new system of therapeutics which then began to seriously engage the consideration of the medical world, and after a year's preparatory study he decided to relinquish law and devote himself to medicine. Emigrating to America, in 1839, he continued his studies at the Allentown Academy of Homœopathic Medicine, under the instruction of Drs. Hering, Wesselhoeft, Romig and others, graduating in the first class of the first homœopathic college in the world, receiving his degree July 27, 1841. Among the first to receive a homœopathic degree were Hering, Romig, Wesselhoeft, Bute, Detwiler, Neidhard, Roche, Lippe, Jahr, Okie, names with which every reader of our literature is perfectly familiar. After receiving his degree he located at and for a time practiced in Pottsville, but subsequently removed to Carlisle where he practiced for six years. It was to his phenomenal success in the treatment of the epidemics prevailing in the Cumberland Valley—especially intermittent fever, which he cured with the single remedy and minimum dose, never using quinine—that he was indebted for his first professional reputation. Subsequently, he was induced to remove to Philadelphia, with which city his name has since become synonymous, and where for forty-six years he practiced with a success which has fallen to the lot of few physicians, obtaining for himself a national reputation and acquiring a handsome fortune. Beginning with

the session of 1863-64 for five years he held the chair of materia medica in the old Homœopathic College of Pennsylvania, and here his rare knowledge of symptomatology and wonderful powers of drug differentiation, rendered his lectures so much sought after by his students that they were published in book form—the only work he leaves us. He assisted in establishing the Hahnemannian Monthly, the Organon, and the Homœopathic Physician, to all of which at some time he was a frequent contributor. His pen was ever busy and ever ready to defend his therapeutic views. His theme was homœopathy as taught by the master and in its advocacy he had no patience with the slovenly practice of alternation nor the opium and quinine palliative treatment. Hence his style became caustic, positive, at times even dogmatic and bitter; but it was in the defence of the cause to which his life was devoted and in behalf of a science which by hard work he had mastered and which he desired to practiced in its purity in which alone the highest and best success can only be obtained. There is hardly a volume of current literature of any note for the last forty years in which his name does not appear.

He may be said to have been a born physician and possessed that rare gift, almost an intuitive perception, of discovering the salient points of a case, points that had entirely escaped the observation of others. This often enabled him to relieve or cure cases pronounced hopeless by other physicians, and was one of the secrets of his wonderful success.

But the "old guard," of which Dr. Lippe was the peer of any of the able men who composed it, is rapidly passing over to the majority. Hering, Dunham, Guernsey, Lippe, what a grand, what a noble quartette; names that for nearly half a century have been household words to every English-speaking homœopath, men who by their writings on materia medica and therapeutics have left an indelible impress for good on their school and have done more than all others combined to place homœopathy on the exalted pedestal which it occupies in America to-day, as the science of therapeutics. Their names are enshrined in the literature of our school, and there they will remain for ever.

In December, 1884, he lost his only daughter, and January 1, 1885, two weeks later, his oldest son, Dr. Constantine Lippe, of New York. From this double affliction Dr. Lippe never fully recovered; although he took an active part in the meeting of

the Hahnemannian Association at Long Branch last June, he said he was far from well.

RESOLUTIONS ADOPTED BY THE HAHNEMANNIAN ASSOCIATION
OF PENNSYLVANIA.

The following preamble and resolutions were adopted by the Hahnemannian Association of Pennsylvania, at a special meeting called January 24, to take appropriate action on the death of their deceased colleague, Dr. Adolph Lippe.

WHEREAS, This association has heard with the deepest sorrow of the death of our venerable colleague and friend, Dr. Adolph Lippe; therefore be it

Resolved, That in the death of this veteran physician (one of the pioneers of homœopathy in America) this association has sustained an irreparable loss, the homœopathic school loses its ablest physician and greatest therapist; the public at large its most successful practitioner and wisest counselor.

Resolved, That by his untiring labors in the field of homœopathic materia medica, by his teaching when a professor in the old Homœopathic College of Pennsylvania, by his unceasing contributions to the medical journals of his school, and by his example as a practitioner, Dr. Lippe did more for the development of homœopathy in this country than any other physician, with the single exception of the late Constantine Hering.

Resolved, That his great industry, his sound and logical reasoning, his seemingly intuitive perception of the trend of diseases, and his unexcelled ability for the analysis of drugs, were the causes of his success and placed Adolph Lippe, for many years, at the head of his profession as a physician and teacher.

Resolved. That his ever courteous manner and constant readiness to assist his professional brethren by his wise counsels have endeared him to his colleagues and will cause the name of Adolph Lippe to be long held in affectionate remembrance.

Resolved, That the members of this Association attend the funeral in a body.

Resolved, That a copy of these resolutions be transmitted to the family of our deceased friend and colleague; that they be also published in the Public Ledger, of this city, and in the medical journals.

ADOLPH FELLGER,	}	<i>Committee.</i>
MAHLON PRESTON,		
C. CARLETON SMITH,		
WM. JEFFERSON GUERNSEY,		
JOHN V. ALLEN,		
WALTER M. JAMES,		
EDMUND J. LEE,		

Editor's Table.

Dr. H. Tyler Wilcox has located at Los Angeles, Cal.
 Dr. F. E. Stoaks has removed from Attica to Seville, O.
 Dr. J. D. Huss has removed from Peabody to Hutchison, Kan.
 Dr. W. O. Sylvester has removed from Birmingham to Rochester, Mich.
 Dr. J. G. Gundlach has removed from Terrell, Texas, to Spokane Falls, Wash. Ter.

Dr. Wm. F. Kaercher has removed from 1350 North 10th street to 1413 North 11th, Philadelphia.

Dr. S. Ella Lavat has removed from 1323 St. Ange avenue to 2514 North 11th street, St. Louis, Mo.

Dr. W. John Harris announces his removal from Easton avenue, to new office and residence, No. 3107 Morgan street, St. Louis, Mo.

The Chicago Homœopathic Medical College hold their commencement exercises at the Chicago Opera House on the afternoon of Thursday, February 21st. The class numbers over fifty.

The Commencement exercises of the Hahnemann Medical College and Hospital, of Chicago, take place at the Grand Opera House, Thursday afternoon, Feb. 16th. The graduating class numbers something over eightv.

Madame Walitzkaja, a Russian physician, has examined more than one thousand men, women and children, employed in tobacco factories in Char-cow. She finds that the constant exposure to the tobacco dust induces nervous disorders of a marked character, such as dilatation of the pupils, exaggeration of the tendo-reflex, tremor and dyspnœa. The employes are also subject to headache, fainting, gastralgia, muscular spasms and nervous cramps, without any perceptible disease of air-passages.—*Bull. Gen. de Ther.*—*Buffalo Medical Journal*. [For particulars, symptoms, etc.—as the above are given in general terms—we refer our readers to the *Encyclopædia of Pure Materia Medica*, with its one hundred and seventy-five authorities and its thirteen hundred and fifty symptoms.]—ED.

The Legislature of Illinois has passed a law making the intermarriage of cousins a penal offense. This is an unwise law, first because it interferes unduly with personal rights, and next because it is not called for. The marriage of cousins who are each of healthy family and physique, and especially if they are of different temperaments, is quite free from danger.—*Medical Record*. [But where there are two cousins "of healthy family and physique," and at the same time "of different temperaments," there are fifty who are not, and it is usually the latter who are anxious to marry. Hence the law would not appear to be so bad after all—being made for the majority—as our contemporary would have us believe.]—ED.

Miss Boudrault has commenced an action for \$10,000 against Dr. Bessey and the corporation of Montreal, alleging that she was compelled by that officer to submit to vaccination during the small-pox epidemic there, and that rievous illness followed, from the effect of which she has not yet recovered.

DR. HENRY BERKOWITZ'S lectures upon "Judaism on the Social Question" will be issued in book form by John B. Alden, publisher, of New York, and the copies will be ready about February 1. The lectures, which appeared originally in the columns of *The Register*, of Mobile, Ala., have attracted wide attention and have been made the subject of editorial comment. All have been reprinted in the Hebrew periodicals, and some have been translated into the German language. These lectures are the first expression from the Jewish pulpit upon the socialistic problem, and have been welcomed as a valuable addition to current information upon this subject. Dr. B. is Rabbi of the leading Hebrew Synagogue in Mobile.

DEATHS.

Dr. O. D. Goodrich, of Allegan, Mich., was born May 10, 1808, at New Hartford, Oneida county, N. Y. In 1834 he graduated at the Berkshire Medical Institution (afterward the Berkshire Medical College, but now extinct), of Pittsfield, Mass. He practiced his profession two years in Huron, O., coming to Allegan in 1836, where he continued to practice until 1845, when he went to Connecticut, remaining there till 1855, when he returned to Allegan. While in Connecticut he was not in practice, but upon his return he espoused the cause of Homœopathy, which he practiced successfully nearly thirty years, retiring from active practice the last few years of his life. He was the pioneer physician of Allegan, and also the first practitioner of Homœopathy in the county. He died Nov. 3, 1887, aged 79 years. —*Allegan Gazette*.

Dr. Percy O. B. Gause, the only son of Emeritus Prof. O. B. Gause, died on Nov. 10, at Aiken, S. C., after a lingering illness.—*The Medical Institute*.

Dr. Gause will receive the heartfelt sympathy of the profession in his severe affliction.

L. M. Kenyon, M.D., of Buffalo, N. Y., died Nov. 23, 1887. He was born in Sheriden, Chautauqua county, N. Y., March 18, 1821, received his literary education at Jamestown Academy, and on leaving school began the study of medicine with Samuel Foot, M.D., in 1836. He attended his first course of lectures at the College of Physicians and Surgeons of Western New York, at Fairfield, in 1838-39, and received his degree at the Albany Medical College in the spring of 1844. He began practice at Youngsville, Pa., but removed to Westfield, N. Y., in January, 1846. Here Mrs. Kenyon was very ill, and her husband and his partner being unable to cure her, Dr. G. W. Wolcott, a homœopathic physician, performed that duty for them, with the usual result: that on the following June Dr. Kenyon began the practice of homœopathy. He removed to Buffalo in 1856 and entered into partnership with Dr. Warner until his death in 1860. His son, Dr. D. B. Kenyon succeeds to the practice. He died of angina pectoris. In December, 1887, he had his first attack, and since then has had several occasional attacks. His last illness was of six weeks' duration during most of which he was a great sufferer. He was once President of New York State Society, several times President of Erie County Society and the first President of the Homœopathic Medical Society of Western New York.

Medical Advance

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NO. 3.

Sanitary Science.

CHOLERA: ITS PREVENTION AND LIMITATION.

D. H. BECKWITH, M.D., CLEVELAND, O.

Member Ohio State Board of Health.

Probably no subject now before the general public will receive greater attention within the next few months than the threatened invasion of Asiatic Cholera. Its advance into Europe from India, its birthplace and stronghold, has already been heralded, and the terrible scenes incident to its former visitations have been re-enacted, to some extent, in many of the localities upon which it has set its deadly seal. Science has struggled in vain for the mastery over this potent adversary, in the open field, and has been obliged to retreat behind preventive sanitation and quarantine—scientific *cheveaux-de-frise*, as it were—as the only effective means of arresting its onward march. The broad field of speculative research which its history affords has furnished no remedial agents with sufficient potency to conquer the disease itself, [The author refers to the “remedial agents” of Allopathy, as strict homœopathic treatment has reduced the mortality to less than five per cent.—ED.] but there have been noted several of its characteristics, which, intelligently interpreted, furnish suggestions to the sanitarian as to the most effective measures for preventing its primary advent

or, failing in that, of checking its progress beyond certain limits; and with these questions we would deal while yet we have the shadow of the disease only, not its substance.

To attempt even a summary of all the theories which have from time to time been formulated, or to trace its history from its earliest exportation from India through all the intricacies of commercial intercourse with that country, would be a work of supererogation, in view of the vast store of literature bearing upon this part of the subject which has accumulated during the past fifty years. We would rather briefly set forth some of the most prominent characteristics of the disease itself and its propagation under certain envioning conditions, and make such logical deductions therefrom as may prove of wide applicability with a view to the prevention, or limitation, of future outbreaks through the medium of intelligent sanitation.

No authentic case of Asiatic Cholera has ever made its appearance in places beyond its endemic area, except through direct contact with the disease itself or with its active principles in specific forms. No crowding in tenements or communities, even under the most baleful conditions, has ever been productive of this type of disease—a fact which involves problems in preventive sanitation, the solution of which has been attempted in various countries by quarantining ports of entry and establishing cordons of police and soldiery about inland districts. Blockades and boycotts, however, as at present established, are not always effective, so to these problems must be added a corollary—the best means of limiting its ravages after its invasion.

The question of excluding the disease from our shores naturally takes precedence over the means of preventing its spread after its importation. There is but one solution to this most important problem—an effective quarantine against every medium through which the choleraic poison may be introduced. The various outbreaks in this country since 1832 show conclusively that existing quarantine regulations are inadequate. It is true that vessels are detained and an inspection made of passengers and their effects, but the inspection rarely extends beyond the steerage and seldom, if ever, includes baggage packed before embarkation, or the dunnage of the crew. Nor will the most careful examination of baggage reveal the poison which may be preserved indefinitely through dejecta dried

during the period of activity and which may be carried hundreds of miles inland before being liberated through changed conditions. Instance the many cases of the appearance of the disease in sea-port towns, among washerwomen who have received the soiled garments and bedding of sailors and immigrants from infected districts for renovation, and of the many outbreaks on shipboard when hundreds of miles at sea under certain hydro-metric changes; notably the case of the ship *New York*, which sailed from Havre November 9th, 1848, with 315 steerage passengers on board. There was not only no cholera at Havre, but none in the whole of France, yet on the seventeenth day out it made its appearance among the passengers of this vessel. The preceding day had been damp and chilly, we are told, and the passengers overhauled their baggage to secure warmer clothing. Among those on board was a German who had brought out articles of clothing belonging to a relative who had died of cholera some time before. The day of the outbreak proved hot and sultry and the appearance of the disease followed the exposure of the infected moist garments to the heat of the close and crowded quarters of the steerage. The ship was quarantined upon arrival in New York harbor and was not allowed to proceed until the quarantine officers were sure that all traces of the disease had disappeared; yet to this ship and the *Swanton*, which reached New Orleans at about the same time from the same port, is attributed the terrible outbreak in this country in 1849. These instances might be multiplied indefinitely, all tending to show that the most rigid examination as hitherto practiced does not reach the desired end.

It would seem that safer precaution would consist of the thorough cleansing of all clothing, bedding, etc., belonging to immigrants and crew at quarantine, not by fumigation but by washing and disinfecting by means of Bi-chloride of Mercury or some other equally powerful disinfecting or destroying agent. The average immigrant is satisfied upon landing to continue his journey by rail without change of apparel rather than subject himself to the annoyance of overhauling luggage and repacking in the throng of immigrant travel; and the germs of the disease do not manifest themselves until he unpacks and consigns everything possible to the washtub in a general cleaning up process. Then follows a sudden outbreak of cholera, which

might have been prevented had like favorable conditions for the development of the choleraic germs been produced at quarantine under efficient sanitary supervision. Or had these germs been rendered entirely innocuous by means of some destroying agent, such as superheated steam.

Fortunately there is a greater unanimity of opinion among medical experts regarding the conditions favorable to the propagation of cholera than concerning its primary causation. History teaches many valuable lessons in this connection and a close and careful scrutiny of its pages will prove of inestimable value as a guide to intelligent sanitation. The restriction of the disease to certain portions of its endemic and epidemic areas has been very widely noticed by writers on the subject. In India, we are told, that during the great epidemic of 1817 prisoners confined in jails and garrisons quartered in infected districts, dependent for subsistence upon their own commissaries and upon water from sources confined to their own precincts were almost without exception exempt from the ravages of the disease, notwithstanding the fact that the mortality in the immediate neighborhood was appalling. The wide distribution of prisons and military posts in that country and their comparative immunity from the disease is strong evidence in favor of the contact theory of its transmission. The results of local isolation in various parts of Europe and in the United States corroborate this view, notably, the absence of cholera epidemics among United States troops quartered throughout the infected districts of the Mississippi valley in 1873, the date of our last visitation.

The power of dissemination which characterizes this disease in localities possessing certain hydrometric peculiarities has been very widely noticed and as freely commented upon. Sea-port, lake and river towns, and inland places in low and marshy districts seem to possess this power in a marked degree. The introduction of cholera to such places, usually lying along the great commercial highways is easily accounted for; but its widespread dissemination must be attributed to local conditions. We have much corroborative testimony touching this point from many sources. The report of the superintending surgeon of the Cawnpore district in India for 1833 says: "The year has been remarkable for an uncommon degree of heat and the

prevalence of destructive epidemics. This has not been caused by deficiency of rain, the total fall being thirty inches in fifty days, while last year it was only eighteen inches, and the season was a most healthful one. *Every slight fall of rain was attended by an increase of the disease*, and it did not entirely disappear till the end of September, when the weather cleared up."

The Calcutta Medical Board in its report of Sept. 6, 1817, at the time cholera was epidemic at Jessore, says that: "No considerable town in the low and humid climate of Bengal is at present exempt from its operations." A Chinese writer tells us that the appearance of cholera on the coast of China was attributed by the natives to a great dense cloud which arose from the Yellow Sea and swept slowly inland, carrying the disease with it but not distributing it beyond its own pathway. Numerous instances are reported of sudden outbursts of cholera heavy rainfalls and during the prevalence of dense fogs accompanied by high temperature. There are apparent exceptions to this view of the agency of atmospheric humidity in propagating the disease—the prevalence of cholera in portions of India, for instance, during the dry months. But the absence of rain does not of necessity indicate a high barometric pressure by any means. The cessation of the disease after heavy rainfalls can be easily attributed to the dilution of stagnant pools and the removal of germs of the disease by filtration into deep sandy soils, or by the outward flow of the accumulated waters beyond the reach of human kind.

During the prevalence of the epidemics in this country since 1832 it has been noticed that hot, stagnant, moist weather greatly favored the spread of the disease. It must be borne in mind in this connection that the dry weather so-called is most favorable to the extraction of moisture from the soil, and this moisture may act as a vehicle for the resurrection of germs which have been absorbed from the dejecta and lain dormant in situations unfavorable for their development, but which, upon reaching the atmosphere, find conditions favorable to growth and lodgement. Experiment with the comma-baccilli of Koch has proven that moisture with heat favors their development and growth.

The localized power of the disease may be attributed to another cause—that of low sanitary condition. This power may show itself directly by the introduction into the body of the

disease-germs through contaminated drinking water from wells, cisterns and sluggish streams in situations exposed to the wash of dejecta which has not received proper treatment at the hands of sanitary officers, or indirectly through the predisposition of individuals induced by deleterious personal habit or impure surroundings. The contamination of drinking water in wells and cisterns which are in close proximity to cesspools and outhouses, so often the case in country villages and crowded portions of cities not supplied with water systems, is of very common occurrence, giving rise in ordinary seasons to malarial and typhoid fevers, dysentery, etc., and inviting widespread devastation during the prevalence of a cholera epidemic. The ravages of this disease among the Russian peasantry during *the winter time* has been attributed solely to the habit of drinking water from pools about their hovels formed by melting snow upon which the dejecta of cholera patients has been thrown.

Geological formation theories have been advanced to account for the local presence of the disease; but it may be safely asserted, we think, that, minerologically speaking, such ground is untenable. The presence of outcropping limestone or clay subsoils serves only to render the water supply available and when contaminated to make its direful influence felt.

Personal habit is an active factor, not so much perhaps in the propagation of the disease as in its increased mortality. Poverty, intemperance, vice, indulgence, filth, all contribute to greatly increased mortality. It has been noticed that pay and fete days during an epidemic have been followed by a marked increase of choleraic activity, generally attributable to over-indulgence both in eating and in alcoholic excesses. Do not understand me to say that drunkards are doomed during an epidemic. Some writers have claimed immunity for this class, probably because their only beverage gives the most active comma-baccilla but a short lease of life. But low habit from any cause predisposes the individual to the reception of the disease in its most malignant form.

A most powerfully ally of choleraic propagation is fear. The depression of the vital forces and the relaxation of the nervous system opens the way for the easy access of the disease and its fatal termination. Dr. Holcombe, in a very able paper read before the Southern Medical Association in New Orleans last

December, on the influence of fear, says: "The mind of man is constantly at work silently pervading every tissue of his body by its vital influence, repeating itself in every function, throbbing in the heart, breathing in the lungs, reflecting itself in the blood, weaving its own form into every act of nutrition, realizing its own life in every sensation, and working its own will in every motion."

We have all of us recognized the subtle influence of the mind over the body in the sick-room. Carlisle's aphorisms, "The very look of his face blesses or curses whomso it lights upon," is particularly applicable to the physician. A bright face and a cheery smile in the presence of the sick may prove far more potent than the remedy the physician prescribes, while the baleful influence of the long-drawn face, the bated breath and the whispered consultation may blast the hopes and so alarm the patient as to produce a morbid state of mind which could not but increase the chances of a fatal termination of the disease. Such psychical influences are especially active during destructive epidemics, such as cholera. The shadow of fear seems to hang over everyone, and the appearance of the disease in a community is the signal for a panic, when the gates of the citadel are thrown wide open and the enemy is invited to enter.

The history of Asiatic cholera in the United States dates back to 1832. On the 28th day of April of that year the immigrant-ship *Constantia*, of Limerick, with 151 passengers on board, stopped at Grosse Isle, seven miles below Quebec. She had lost twenty-nine passengers by cholera at sea, but the abatement of the outbreak was considered sufficient guarantee against further danger, and the immigrants were forwarded to Quebec. The quarantine regulations at this point called for no specified detention, nor for the examination or disinfection of baggage. Other ships from Ireland speedily followed and the tide of immigration brought thirty thousand souls to Canadian waters from scourge-ridden Europe during that season. Free intercourse was maintained between quarantine and outlying points. The soiled clothing, bedding and baggage of living and dead was taken ashore for renovation, and before the summer days were gone 2208 deaths were reported for Quebec and 1843 for Montreal, besides numerous cases all along the line of the plague's march. On up the river it swept, radiating in different direc-

tions along the line of travel; down Lake Champlain to Whitehall, thence to Albany and Schenectady and along the Erie canal westward into the great lakes and down their shores.

The appearance of cholera in New York city, the great objective point for immigration in North America, is shrouded in mystery. No authentic reports of cases are available prior to those at Quebec. The general impression is that an Irishman by the name of Fitzgerald was the first attacked in the metropolis. There is every reason to doubt this, however, as Fitzgerald been a resident two months in New York before he was stricken with the disease. The statement of Dr. Westervelt that cholera had reached New York before the date of its entrance into the St. Lawrence, but that the announcement of its presence was withheld for prudential reasons by the health board, seems far more reasonable than that it should have been introduced overland from Canada. The fact that no records can be found of arrivals at quarantine in New York bay from April to July, 1832, goes to substantiate the Westervelt statement that facts in the case were suppressed. At this time the Blackhawk war was engaging the attention of the United States authorities and recruits were being forwarded to different commands in the west. Seven companies left New York June 23d, and embarked on board the steamer Henry Clay, at Buffalo, July 1st. Prior to this the vessel had been used for transporting immigrants from Canadian waters. After the embarkation there was a delay of two days before the vessel proceeded to her destination. Cholera broke out the day following and two deaths from the disease occurred before the Clay reached Detroit river. Proceeding up the river to a point designated by the Detroit authorities the troops and their baggage were landed one mile below Fort Gratiot. By this time the epidemic had assumed alarming proportions and the most malignant form. Consternation seized the raw recruits, and nearly the whole command deserted, spreading the disease in all directions. The crew of the Henry Clay then attempted to return to Buffalo, but stopped at Cleveland on the evening of July 9th. The day following, an official bulletin announcing her arrival with cases of Asiatic cholera on board, was published by the board of health. The crew were permitted to land but were placed in strict quarantine, and although deaths occurred in their little

encampment, the disease did not apparently spread from there but became epidemic a few days later from a woman landed by a passing steamer while she was suffering with diarrhœa.

Cholera made its appearance in Cincinnati sometime early in October. It has been claimed that the first case, that of a teamster, was developed September 30th, but its presence in that city was strenuously denied by the authorities until October 9th, after which it became epidemic and further concealment was, of course, useless. Columbus, Carthage, Dayton and other points inland were visited during the fall, but the season was too far advanced to admit of the widespread devastation that was predicted by the panic-stricken people. Low sanitary condition and fear undoubtedly contributed very largely to its spread. One of my medical students succumbed to it while on his way home from my office, after learning of the presence of the disease in the village of Norwalk and the announcement that he would be expected to assist in the care of cholera patients. No premonitory symptoms had shown themselves, but the panic which seized this young man when brought face to face with the dreaded visitor, overcame his powers of resistance and made him an easy victim.

The spread of the disease westward during the summer and autumn of 1832 was rapid and thorough. The movements of troops marked out its course, and before winter set in it was epidemic throughout the lower and upper lake regions, the Mississippi and Ohio valleys and the Mohawk and Hudson valleys in New York state. It had radiated from New York city eastward throughout New England, southwestward across New Jersey into Maryland, and southward by water to Charleston, S. C. It had penetrated overland to Forts Gibson and Smith, United States outposts far up the Arkansas river, and by way of the Missouri river to Fort Leavenworth.

In his report to the Secretary of War, Sept. 1, 1832, General Scott concludes as follows: "I am fully aware of the heavy responsibility that rests upon me for the spread of a dreadful malady among the troops under my orders, and through them prematurely among the population of this immense valley. I have never regarded myself as having been born to be a curse to my country. On the contrary, it has always been the first wish of my heart to serve her gloriously, but my care and fore-

sight amidst recent events have been signally defeated. I have, without getting into battle myself, brought disease and death upon those who vanquished the public enemy. To the new danger I have freely and fearlessly exposed myself without utility. My heart is deeply afflicted and humbled. But if I cannot show that I have employed extraordinary care and exercised even more than common sagacity to prevent the evil whice I lament, I ask to be subjected to universal execration."

With the dreaded Indian foe in front, a more insidious one in his very camp, limited means of transportation and communication, and constant desertions, the position of this brave officer was indeed a trying one. But the events of future years brought no condemnation to the self-sacrificing, generous-hearted old warrior, who laid aside the sword he had so honorably worn, only when the weight of years had palsied the hand that had wielded it through two wars and was ready to carry it into a third.

Slowly retreating southward before the advancing winter the disease passed into Mexico and the Central American States and over into Cuba, where, renewing its strength, it turned backward in 1833, and pushing up the Mississippi river and its tributaries, became epidemic over nearly the same areas it had occupied in 1832. Strangely enough its advent in 1834 was by the way of Grosse Isle in the St. Lawrence and along the line of its first invasion, and in 1835 from New Orleans northward again.

Unfortunately there was at this time a prevalent belief that the disease was contagious, that its spread was due to atmospheric movements and not to actual contact, as has been since established, and the records which we have of its various courses during the first epidemic are very meager. The experience of the next few years, however, led astute and painstaking physicians to reject the contagion theory and to accept in its place the theory that its communicability was closely connected with its diarrhœal commencement through the development of germs actually received into the stomach and intestines through food and drink, contaminated with choleraic poison. But this theory had not received very great publicity, and when, in 1848, the ships New York and Swanton reached America, as has been already noted, they found an easy quarantine, especially the

latter vessel at New Orleans. Other ships with immigrants from infected places in Europe, but not directly from infected ports, as they brought with them clean bills of health, followed, and soon the disease was epidemic throughout the United States, extending even to California, at this time the Mecca for the worshippers of the golden calf. It is doubtful if cholera absolutely disappeared from North America from this time to the general outbreak in 1854. Deaths from the disease were reported from different points in the interval between 1849 and 1854, but so few as not to excite more than passing comment. The history of subsequent epidemics in this country is familiar to all of us and the limits of this paper will not permit of their extended mention, even if there were need of it. The brief sketch of the first invasion of the disease, which has been attempted, is intended more to show the portability of the disease from man to man through the customary channels of individual and commercial intercourse, and to invite discussion as to the value of strict quarantine measures.

It would seem, in view of the warnings given the American people in 1832, that a repetition of the horrors of that year was impossible. But the intolerant bigotry of individual tenets respecting the development and spread of the disease, to say nothing of the ignorance and cowardice of the time, left wide open the only gates which might have barred its future entrance. Successive visitations of this disease, however, and of yellow fever, and the constantly increasing area of malarial and typhoid fevers, have had the effect of removing the dross of prejudice, ignorance and indifference and revealing the fine gold of helpful sanitation.

From the brief sketch here attempted of a subject so vast in its proportions we do not feel justified in making logical deductions, but from the great mass of cumulative evidence, which has been collected by scientists throughout the world and with which we are all more or less familiar, the following conclusions may, we think, be legitimately drawn and profitably discussed:

1. That Asiatic cholera is indigenous to India and becomes epidemic elsewhere only by exportation through the ordinary channels of social and commercial intercourse.
2. That it becomes epidemic after importation, by the opera-

tion of laws and customs prevailing in different countries regulating the relations of individuals and communities.

3. That proper authority may so modify such relations, in time of public danger, as to confine its depredations to narrow limits and to speedily accomplish its eradication.

4. That fear, the most powerful ally in the spread of the disease, should be allayed by educating the people through the medium of the daily press, to a full understanding of its characteristics and the easy means of escaping its ravages.

The first of these conclusions justifies the enforcement of a strict quarantine ; not the old-time quarantine of arbitrary detention and herding of sick and well together, but a reasonable one, such as the exigencies of modern civilization demand and the advance of scientific method makes possible. The disembarkation of passengers and crew with all their baggage and effects, the separation of the sick and well, the thorough and speedy disinfection and renovation of all effects, the thorough cleansing of the vessel and the detention of all those who show premonitory symptoms for a period covering the time of incubation, would under efficient management accomplish the desired results and yet cause a delay to all concerned, of but a day or two at the outside. Such a system, we believe, is in operation at New Orleans, and its efficiency is unquestioned, in view of the fact that it has practically excluded yellow fever from that port for the past seven years. The contrast between this quarantine station and the crude and inefficient one at New York, the great center of immigration to this country, points to the necessity of relegating all quarantine management to the general government so far as ports of entry are concerned at least, and the spirit of existing commercial competition between different ports clinches the argument in its favor. It is, besides, unfair to burden seaboard states with the expense of excluding a common enemy of all the states. But, whether under governmental or local control, the quarantine should be made thoroughly and absolutely effective, and no time should be lost in accomplishing that end, in view of the close proximity of this dreaded foe.

Under the second head, we would counsel a cheerful obedience on the part of an intelligent public to the mandates of her sanitary officers—men who are in the highest sense of the term

public philanthropists. These officers are for the most part medical practitioners who are constantly curtailing their own incomes in their efforts to promote public health—a kind of sacrifice which shows itself in no other profession or line of business.

In the third place, we would advocate the exercise of eternal vigilance on the part of health officers as the price of immunity from this scourge. Scientific investigations of the morbid property of choleraic poisons, within the four walls of the chemical laboratory, are very well in their way and are to be encouraged; but house to house visitation, the abatement of nuisances wherever found, the thorough inspection of foods and drinks, a fearless discharge of every duty and the education of the masses up to a higher standard of personal hygiene, will prove of far greater value in keeping the pestilence from our doors.

Finally, we appeal to the public press to exert its powerful influence in allaying the ill-timed dread which seizes upon the populace at the approach of this fearful disease. A knowledge of its characteristics, of its non-contagious properties, of the possibility of personal immunity by the exercise of careful habits and cleanliness, of the use of pure water and wholesome food, of the character of premonitory symptoms and of the ease with which they are controlled, will present an invulnerable front to the advance of the plague.

In this connection we would refer to the advantages of inoculation. That it is a specific against the attack of the disease I am not prepared to offer an opinion, but that a belief in its efficacy on the part of the public will give additional security I do not doubt. In Spain, where inoculation has been widely practiced, statistics show that few of those who are so treated are attacked. This is a fact which is pregnant with thought to the medical profession.

The old adage "Those whom the Gods would destroy they first make mad" has broad signification in the presence of the pestilential darts of Apollo which find a wide mark in the superstitions and traditions which have been handed down from remote antiquity. But as the years advance and knowledge becomes more universal, the Goddess of Reason shall be enshrined in the hearts of our people, and her worship will secure to them immunity from the poisoned shafts, through the wide dissemination of the truths of sanitary hygiene.

Correspondence.

OUR FOREIGN LETTER.

Unusual Cold at Cannes—Reasons why it is so Much Felt—Extraordinary Phenomenon of Roses and Camelias Budding During Frost—Explanation of this—Great Injury Done by Falls of Snow to the Olive Trees—Degrees of Frost Supported by Orange and Olive Trees Respectively—Latter Probably Never Exposed to Destructive Degree of Frost since Introduction—Fatal Effects of Slight Frost on Heliotrope—Dr. Thudicum and the Jubilee Hospital—Action of Mr. Millican—Mr. Justice Manisty's Decision and Remarks—Bigotry and Ineptness of the Allopaths—Persecution of Hervey by the College of Physicians—Indictment of the Ealier Homœopaths for Manslaughter on the Grounds that they had Omitted to Bleed—Formation of a New Homœopathic Association in England—Instructive Parable of the Wolf, Allopath, and the Lamb Homœopath—Case of Drysdale *versus* the Editors of the Medical Directory.

In the last ten days we have had two or three degrees of frost each night and the days, though bright, have seemed very cold to us, though, as a matter of fact, the temperature at 9 A. M. has not, in one single instance, been below 40 degrees F., and the minimum night temperature has only been 29 degrees F. The reason that cold is so much felt is that no adequate preparations are made to meet it. There are no stoves, the fire-places are always in the outside wall and wood only can be burned.

Last winter we had frost every night for five or six weeks, yet during all this time I observed roses in full bloom and fresh buds opening every day, while the camelia plants were literally covered with their exquisite blossoms. Knowing that the approach of frost kills all the rose buds in England, and that it is impossible to grow camelias out of doors, I was for some time very much puzzled to account for the above facts. I believe, however, that I have now found the clue to the mystery—the temperature, though it may be below freezing point during the night, never is so during the day time. I have looked through my records of the temperature during the winters of the last twelve years, and I find that, literally, only on one day was the temperature below freezing, even at so early an hour as 9 A. M. It is evidently the persistence of temperature below freezing *throughout the whole day* which destroys the roses, camelias, etc.

Ten degrees of frost, if persistent throughout the day, as has been the case once or twice during the last century—notably in the year of the great Revolution, in 1789, when loaded wagons

traversed the Seine, at Paris—will destroy all the orange trees. This is the reason why all the orange trees you see here are comparatively young, i. e., under a hundred years old. The olive trees, on the other hand, will withstand a temperature of 15 degrees of frost; from the fact that venerable specimens of this tree are to be seen which, according to de Chandolle, are perhaps one thousand years old, it is probable that the temperature has never permanently fallen to fifteen degrees below freezing point in this region since the olive tree was first introduced from Syria in the time of the Romans. But though the cold of the last fortnight cannot permanently injure either oranges or olives, the snow which has fallen during the last few days is very injurious, owing to the peculiar structure of the trees. A fir tree, as is well known, will not be injured by having to bear almost any load of snow—its branches come from the stem at right angles or even at an obtuse angle, so that the covering of snow simply slides off their surface onto the ground. It is very different with the olive tree, its branches leave the stem at very acute angles, after being almost perpendicular, so that when snow lodges on the top, its weight acts with all the leverage of a long and heavy branch, and the wood being, moreover, very brittle, it snaps across at its juncture with the stem. In this way untold havoc is made by a comparatively small fall of snow.

A plant which suffers greatly during a frost here is the heliotrope; the flowers are to be seen growing here in the utmost luxuriance, often during the months of December and January, as long as the frost keeps away, but a single frosty night will convert them into a shriveled and black mass of dead leaves and flowers.

From roses, camelias and heliotrope to Dr. Thudicum is a far cry—not that we wish to insinuate that he is either ugly or unsavoury. Whatever may be his other characteristics he is, according to his own account, which we have no reason whatever to doubt, an M.D. and a Fellow of the Royal College of Physicians of London and chairman of the board of the Queen's Jubilee hospital. This august personage, on hearing that a surgeon on the staff of the hospital, named Kenneth Millican, had accepted the position of surgeon to another hospital, to-wit, the Margaret Street Infirmary, upon the staff of which were

several Homœopaths, thought proper to invite Mr. Millican to resign. Note that Mr. Millican is not himself a Homœopath, he merely has consented to act on the staff of the Margaret Street Infirmary—an institution boycotted by the Allopaths because two among its staff of physicians are Homœopaths. Mr. Millican, though summoned by Dr. Thudicum of the imposing titles to resign, had the hardihood to refuse to do so, upon which the chairman convened a meeting of the board, carefully omitting to notify its duty to Mr. Millican who was himself a member; the board delegated its authority to nine of its members, in plain words “packed” itself and the new committee proceeded to dismiss Mr. Millican summarily from his appointment and to appoint another surgeon. Mr. Millican, with commendable public spirit, brought an action at law against the committee. Mr. Justice Manisty has decided in Mr. Millican’s favor, remarking that “anything more improper or illegal than the proceedings of the board in deliberately ‘packing’ a committee, with the express purpose of dismissing one of its members, can hardly be conceived.” Meanwhile, the board has given notice of appeal, and pending its decision has asked for an injunction to restrain Mr. Millican from continuing to act, alleging that if he do so “the hospital will be shut up.” Mr. Manisty peremptorily refused to issue such an injunction, remarking that “it seemed as if some people regarded a Homœopath as if infected with the plague.” It is even worse than this, for Mr. Millican, as I have observed, is not a Homœopath, he has only committed the crime of associating with such.*

The Times has been publishing a series of letters on what it aptly calls the *Odium Medicum*; the letters are by Lord Grimthorpe, Mr. Millican and Major Vaughn Morgan. Dr. Thudicum contributes a feeble counter-blast, the gist of which seems to be that Homœopathy must be “either a nullity or a fraud,” because the mass of the profession and all its great lights, including, of course, I. I. W. Thudicum, M.D., F.R.C.P., etc., “have long since pronounced against it.” This argument no doubt sounds very weighty; unfortunately it loses its force

*On appeal the decision was reversed on the grounds that Mr. Millican had no property interest in the hospital, and that the relations between him and the committee were purely personal, a relationship which the court had “never dreamed of enforcing.”—ED.

when we reflect that "the mass of the profession and all its great lights" not only pronounced against Harvey's great discovery of the circulation of the blood, but actually put him in prison and fed him on bread and water for making it.

Also, we cannot but remember that the earlier Homœopaths, whenever they had a death, were indicted for manslaughter, on the ground "that they had omitted to apply a sovereign remedy, viz., *bleeding*." Yet, which, even of the Fellows of the College of Physicians, either doubts the circulation of the blood or the perniciousness of bleeding? If Dr. Thudicum's letter has any effect upon us at all, it will only be that of forcibly recalling the pugnaciousness of the opinions of the Royal College of Physicians, probably in another fifty years they will enunciate the law of similars and "boycott" and "damn" all those who do not believe it.

I see that a new "Association of Homœopathic Practitioners" is being started in England, but in what way the new association is to differ from the already existing British Homœopathic Society is not clear. As far as I can gather, its essential advantage seems to be that a list of its members with their addresses will supersede and abrogate the use of the existing Homœopathic directories. In this way the Homœopaths expect to evade the laws of the Therapeutic Society, which at present excludes them, not because they are Homœopaths (*Oh dear, no!*), but because "they adopt a sectarian title," as is shown by their allowing their names to appear in the Homœopathic directories, published by several of the leading firms of chemists. These simple-minded Homœopaths imagine that by suppressing all the existing Homœopathic directories they will "remove all barriers which at present prevent the amalgamation of the Allopathic and Homœopathic school.

Apropos of this delusive anticipation, I would call their attention to two well-known fables:

Mr. Wolf (*opening his jaws*).—How dare you trouble the stream I am drinking out of—you must be eaten up first.

Master Lamb (meekly).—I have no doubt whatever that I deserve to be eaten up, but surely your grounds for doing it are wrong. I drank out of the stream several hundred yards *below* you, so could not possibly have troubled the water.

Wolf (puzzled).—That's true, (*after a pause during which he racks his brains*) but you troubled the water last year—you must be eaten up.

Lamb.—It is very presumptuous—but allow me to point out that I could not have done so, because I was only *born this spring*.

Wolf.—Then if it wasn't you, it was your mother. (*Eats up lamb.*)

So much for the Wolf and the Lamb; now for the Allopath and Homœopath.

Allopath (*opening jaws*).—You must be eaten up; you caused the death of a man by omitting to bleed him during an attack of pneumonia.

Homœopath (*meekly*).—If you please, bleeding would not have saved him; on the contrary it would have killed him much sooner.

Allopath (after a pause of some ten years during which he tries effect of *not* bleeding in pneumonia).—I find you are right, bleeding does untold mischief instead of good; but you must be eaten up all the same, because you select your remedy according to the law of similars, which is an axiomatic absurdity.

Homœopath.—If you please, it isn't an absurdity; if you try it yourself, you will find it is true.

Allopath (*after a pause of another twenty years, during which he partially tries the system under another name*).—I find you are partly right, the law is occasionally true, though not of universal application; but you must be eaten all the same, because you assume a sectarian designation—you allow your name to be put in a Homœopathic directory.

So the wolf-Allopath proceeds to devour the lamb-Homœopath, and the lamb has nobody to blame but himself for *being* a lamb.

For my part I am quite convinced—by experience and reason—that the best way of dealing with these irreconcilable adversaries, is, not to attempt to mollify them or argue with them, but simply to make ourselves as *formidable as possible*. We should never miss an opportunity of demonstrating to the public, not only the merit of our own system, but the absolutely destructive effects of Allopathic treatment. In all serious maladies where the issue is doubtful, it is perfectly evident to all

reflecting persons, that the administration of Opium, Morphia, etc., in quantities sufficient to cause stupefaction (or "a quiet night," as the doctor calls it,) may be quite sufficient to bring about a fatal termination. Bleeding, of course, has been abandoned entirely, thanks to us, as was conclusively proved by Ameke in his History of Homœopathy; unhappily owing to recent chemical discoveries, other more subtle ways of bringing about the death of a patient have been discovered by the Allopath of to-day—it is probable that the practice of "knocking down the temperature" by means of Thallin, Salycin, and Antipyrin, is about as destructive as was bleeding.

Fear is apparently a more powerful motive than sense of justice, as I was able to prove this summer. Churchill's Medical Directory sent me an extract of the information which they had inserted concerning me. I observed that they had omitted to state that I was medical officer to the Liverpool Homœopathic Hospital; also that I was translator of Wilhelm Ameke's History of Homœopathy. Not wishing it to be thought that I was sailing under false colors, I wrote to the editors, pointing out to them that it was very unfair to make me responsible for their insertions by sending me their statement in order that I might amend it and then omitting to publish my corrections. To my mild remonstrances, I received a letter containing a peremptory refusal to amend their statement as I desired; the refusal being coupled with the insulting remark "that I should feel very grateful to the editors for suppressing the facts alluded to, since they thereby made it possible for the public to mistake me for an Allopath and *an honest man*." (The italics are mine).

So much for treating these gentlemen as if they were reasonable and fair-minded individuals. My next step was simply to serve them with notice of an action at law to restrain them from publishing a directory containing inaccurate information about me. In a very short time I received an abject letter assuring me that the editors were willing to afford me any satisfaction I could desire for their past inaccuracies, and would, moreover, in the next edition, publish all my Homœopathic titles and works, also those of all others belonging to my school.

ALFRED DRYSDALE, M.D.

CANNES, France.

FOREIGN SKETCHES.

HAROLD B. WILSON, M.D., ANN ARBOR, MICH.

IV.

GERMAN UNIVERSITIES.

There is something attractive in the idea of going abroad to complete one's medical studies. Primarily, there is the charm that comes from the possibility of foreign travel, which with all its novel pleasures and experiences, may be a form of education in itself ; secondarily, there are the eminent teachers, large clinics, generously equipped hospitals and laboratories, and the stimulus of scholarly associations to entice the ambitious student ; and, lastly, there is the impression that it is a pretty good thing to do on general principles. The academic freedom of the German universities, the many celebrated teachers upon their faculties, and the splendid facilities for higher medical education which are offered, attract an increasing number of American students every year. The hospitals of London and Paris attract many of our foreign-going students, but there is a flavor to the German universities that is very alluring, and which, in spite of the difficulties an unlearnable language sets up, continues to draw our students within their walls. Doubtless not a few readers of *THE ADVANCE* are already beginning to feel the stirrings of that spirit which, perhaps before the winter snows have melted, will be hurrying them toward some out-going steamer, bound for Germany. For the benefit of these, and specially for such as intend to devote themselves particularly to the eye and ear, I have gathered a few miscellaneous notes, avoiding, however, the details of German student life, since these, as a matter of literature, are open to the suspicion of being trite.

The university lectures extend nominally over about nine months, divided into a winter and a summer semester ; the former beginning about the 1st of November, and the latter about the middle of April, the year closing early in August. In a few universities, such as Berlin, Vienna and Wuerzburg, *Ferien*, or vacation courses, extend over six or eight weeks, from the 1st of September or thereabouts. The courses to be offered in the various faculties and chairs during a semester, are published in a printed announcement for each university and sold in the book stores. The professors also place on the

bulletin boards of the various faculties notices giving the character of the courses they will offer, the times at which they will be held and any other facts likely to be desired. A general calender of all the universities (*Universitäts-Kalender*) is also published for each semester, containing the names of the professors, etc., the courses to be given, and certain miscellaneous information as to hotels, cost of living, fees, etc.

In order to enjoy the privileges of the university it is necessary to matriculate. For this purpose the student seeks the *Quæstor*, or secretary, whose office may be anywhere about town, displays his credentials, signifies in what faculty he desires to be enrolled, and pays a fee of four or five dollars. For this he receives a number of documents, information as to the professors' fees, etc., and after a visit to the Dean of his faculty and his professors, and the payment of numerous small and large fees, he is free to begin work. Students may attend any course three times gratis, but further attendance, unless the lectures are specifically "free," must be paid for. This gives them the chance of selecting those courses that seem to be the most suitable, and of dropping those they do not like, without being enrolled in any of them until their selections are made.

For the benefit of those readers interested in the eye and ear, I have selected or compiled the following list of professors and *Privat Dozenten*, the courses they give, and the number of hours per week given to each. All of the universities of Germany are represented, together with those of Vienna and Prague. The courses offered are practically alike for each semester, so that the list may stand for either :

BERLIN.—*Prof.* : C. *Schweigger*, on refract. and accom., 1; eye clinic, 5. A. *Lucas*, lect. on the ear, pract. clinical work, etc., 3. H. L. *Schäfer*, course in eye operat., 1; dis. of the eye, etc., 2. J. *Hirschberg*, funct. and dis. of retina, 1; dis. of the eye, etc., 4. *Priv. Doc.* : R. *Schelske*, dis. of the eye, 2. M. *Burchardt*, dis. of the eye, 2; ophthalmoscopy and fitting of glasses, 2. F. *Trautmann*, dis. of ear. C. *Horstman*, on the methods of exam. the eye, esp. ophthal. exam. and the tests of refract., 2; theoret. ophthal., 3. W. *Uthoff*, methods of exam. eye, 1; use of ophthal., etc., 2.

BONN.—*Prof.* : Th. *Saemisch*, on internal dis. of the eye, with pathol. demonstrations, etc., 1; eye clinic, 3; ophthalmoscopy, 2; diagnosis of funct. disorders of the eye, 1. H. *Waib*, ear clinic, 2. Work in clinical lab., —.

BRESLAU.—*Prof.* : R. *Færster*, on the rel. of general dis. to those of the eye,

1; eye operat., 2; eye clinic, $3\frac{3}{4}$. H. L. *Cohn*, descrip. ophthal. with pract. work, 1; ophthalmoscopy, 2. H. *Magnus*, ophthalmos. course, 2; clinical work, 2. R. *Voltolini*, anat. of the ear, etc., 1. *Priv. Doc.*: J. *Gottstein*, diag. and therap. of the most important dis. of the ear, 1.

ERLANGEN.—*Prof.*: O. *Everbusch*, eye clinic, 3; eye operat., 2; pract. course in anom. of refract. and accom., 1-2. *Priv. Doc.*: W. *Kiesselbach*, dis. of the ear, 2; meth. of exam. for beginners, 2; pract. work in exam. of ear dis. for advanced students, 5.

FREIBURG.—*Prof.*: W. *Manz*, eye clinic, 3; diag. course in functional disorders of the eye, 2; eye operat., 2; ophthalmoscopy, 3. *Priv. Doc.*: M. *Knies*, rel. of gen. dis. to those of the eye, 1. — *Thiry*, ear clinic, with lect. on the ear, 2.

GIESSEN.—*Prof.*: A. v. *Hippel*, lect. on the eye, 1; eye clinic, 5; II. *Steinbrugge*, lect. on the ear, with clinic, 2.

GOTTINGEN.—*Prof.*: Th. *Leber*, eye clinic, 4; eye operat., 2; R. *Deutchmann*, anom. of refract. and accom. with practical work—. K. *Burkner*, on the practically important part of otology, with use of ear speculum, etc., 2; policlinic for dis. of the ear, for advanced students, 2.

GREIFSWALD.—*Prof.*: R. *Schirmer*, on the optical defects of the eye, 1; dis. of the eye, 5; eye clinic, 2; eye policlinic, 6.

HALLE.—*Prof.*: A. *Graefe*, theory of movements of the eye, 1; eye clinic, $3\frac{1}{2}$; H. *Schwartz*, methods of exam. ear, 1; ear clinic, 2. *Priv. Doc.*: B. *Bunge*, pract. work in the measuring of refract., 1; eye clinic, 3; ophthalmoscopy, 4. N. *Hessler*, otoscopy, etc., 1; dis. of the ear, with practical work, 3.

HEIDELBERG.—*Prof.*: O. *Becker*, ophthalmology, 1; eye clinic, 5; S. *Moos*, ear clinic, 3; physical exam. of the ear, use of speculum, etc., $1\frac{1}{2}$. *Priv. Doc.*: J. R. da *Gama Pinto*, ophthalmoscopy, 2; eye operat., 2.

JENA.—*Prof.*: II. *Kuhnt*, eye clinic, 3; exam. of the eye, use of ophthal., etc., 2; special work in lab., 12. J. *Kessel*, ear clinic, 3.

KIEL.—*Prof.*: C. *Valckers*, eye clinic, 2; ditto for practitioners, 6; ophthalmoscopy, 3; dis. of the eye, 1. *Priv. Doc.*: W. *Kosegarten*, dis. of the ear, 2.

KONIGSBERG.—*Prof.*: J. *Jacobson*, diag. and phys. exam. in dis. of the eye, 1; eye clinic and policlinic, 5; ophthalmol., laboratory,—. E. *Berthold*, ear clinic, 2. *Priv. Doc.*: Th. *Treitel*, gen. ophthalmology, 2; ophthalmos., 2; A. *Vossius*, ophthalmos., 2; eye operat., $1\frac{1}{2}$.

LEIPZIG.—*Prof.*: E. *Cocius*, eye clinic, 6; ophthalmos., 2; special pathol. therap. and surg. in dis. of globe,—. R. *Hagen*, ear clinic, 9; exam. of the ear, etc., 1. *Priv. Doc.*: P. *Schrater*, ophthalmos., 6-week courses, 2; eye operat., 6 weeks, 2; pathol. and therap. of dis. of the eye, 2; private policlinic for the eye, 3. W. *Schan*, ophthalmos., 4; methods of exam., etc., with policlinic, 3. F. *Kuester*, lect. on ophthalmos. and funct. exam. of the eye, 2; ophthalmos. and private clinic, 3-4. W. *Moldenhauer*, use of ear speculum, etc., 2.

MARBURG.—*Prof.*: H. *Schmidt-Rimpler*, exam. ophthal. subjects, 1; eye clinic, $3\frac{1}{2}$; eye operat.—; ophthalmos. and eye operations, 3.

MUNICH.—*Prof.*: A. v. *Rothmund*, Jr., eye clinic and policlinic, 4; eye operat., —; ophthalmos., —. F. *Bezold*, dis. of the ear, with hospital visits, 2. *Priv. Doc.*: J. N. *Oeiler*, ophthalmos., 3; eye operat., 3.

ROSTOCK.—*Prof.*: W. v. *Zehender*, dis. of the eye, 3; pract. work in the eye clinic, 4½; eye operat. — *Priv. Doc.*: Chr. *Lemke*, exam. of the ear, etc., 2.

STRASSBURG.—*Prof.* L. *Laqueur*, eye operat., 3; eye clinic, 3. J. *Still- ing*, rel. of gen. dis. to those of the eye, 2; anom. of refract. and accom., with pract. work in fitting glasses, 2. Ophthalmos., 2. A. *Kuhn*, ear clinic, *Priv. Doc.*: R. *Ulrich*, ophthalmos., 3.

TUBINGEN.—*Prof.*: A. *Nagel*, eye clinic, etc., 2; anom. of accom. and refract. with pract. exercises, etc., 2; ophthalmos., 2. — *Schleich*, on the rel. of gen. dis. and of other organs to the eye, 2; methods of exam., etc., 2-3. *Wagenhausen*, pract. course on dis. of the ear, 2. *Priv. Doc.*: — *Halm*, pract. course in funct. exam. of the eye, 1. — *Kreyszig*, on normal and pathol. anat. of the eye, 1.

WURZBURG.—*Prof.*: J. *Michel*, eye clinic and policlinic, 4; systematic lect. on ext. and int. dis. of the eye, with pathol. demonstrations, 3; eye operations, 6-8; pract. work in pathol. lab. of clinic, — A. v. *Traltsch*, (not able to lecture this year, I believe). F. *Helfreich*, theoret. and pract. course on the ophthalmoscope, 2. *Priv. Doc.*: W. *Kirchner*, policlinic for dis. of the ear, 4; dis. of the ear, with retrospec. of legal medicine, 1.

PRAGUE.—*Prof.*: H. *Sattler*, lectures on the eye, with clinic, 10; eye operat., 2. E. *Zaufal*, ear clinic, etc., 3; exam. of the ear, etc., 2. *Priv. Doc.*: A. *Schenkl*, pathol. and therap. of dis. of the eye, 2. J. *Haberneau*, diag. and therap. of dis. of the ear.

VIENNA.—*Prof.*: K. *Stellwag v. Carion*, lectures on the eye, clinic, and hospital visits, 12. E. *Fuchs*, ditto, 10. Refract. and accom., 1. A. *Politzer*, pract. otology with pathol. dem. and clinical work in 5-6-week courses. J. *Gruber*, theoret. and pract. otology in 6-week courses. *Doc. Vertr.*: O. *Bergmeister*, diag. of dis. of the eye, 5; theor. and pract. instruct. in operat. ophthal. in 5-week courses. *Prof.*: A. v. *Reuss*, policlinic for dis. of the eye, in 6-week courses. Lect. on eye diseases, 1. — v. *Urbantschitsch*, lect. on the ear in 5-6 week courses. Systematic lect. on dis. of the ear, 1. *Priv. Doc.*: J. *Hock*, eye policlinic, with work with ophthalmos., 5; lect. on the eye, methods of exam., etc., 1. M. *Borysiekwica*, theor. and pract. instruct. in eye operat., 2. A. *Bing*, dis. of the ear, in 3-month courses, also in 5-6 week courses. L. *Kanigstein*, anom. of refract. and accom. etc., —; pract. exercises in the diag. and therap. of dis. of the eye, —; ophthalmos. for beginners, —; S. *Alein*, eye operat. in 4-5 week courses; anom. of refract. and accom., ditto. F. *Dimmer*, ophthalmos. in 5-6 week courses; diag. and therap. of ext. dis. of the eye, ditto. E. *Bock*, ther. and pract. use of ophthalmoscope, 2; diag. and therap. of ext. dis. of the eye, in 6-week courses.

Lectures, although nominally an hour in length, as a rule actually last only forty-five minutes, not beginning until fifteen after the appointed time; the "academic quarter" thus allowed, suffices for the necessary changing of classes,

etc. They are usually delivered extemporaneously, and naturally compass a wide range of oratorical styles, from the heavy dramatic, to the most intimate conversational. During the summer months, at least, they often begin as early as seven o'clock in the morning, and not infrequently courses are given from seven to eight o'clock in the evening. The methods of clinical teaching are admirable. With plenty of material to draw from, interesting and instructive cases are constantly at hand, and each student is required several times during the semester, publicly to examine, diagnosticate and prescribe for any given case to which he may be assigned, and to suffer a searching quiz upon his opinions. By the thorough insistence upon such a plan, the habit of careful diagnosis is early established. Less attention is paid to the number of cases presented, than to their quality, and the sort of text each will offer for a clinical lecture.

As is well known, the university doctorate does not carry with it the privileges of practice. To obtain these, it is necessary to pass the state examination. This takes place after the university studies, extending over a period of four years, are completed, and the accompanying examination passed. Three failures to pass the state examination, exclude the candidate from all further trials, and effectually shut him out from the medical profession, at least so far as Germany is concerned. Probably only a few American students take the university degree, since the examination comprises a wider range of studies than most of them care to go over, preferring usually, to concentrate their work upon a few special branches in which they desire to become proficient, and being, furthermore, almost universally graduates of American colleges, to begin with, which for practical purposes is quite sufficient. It must be confessed, however, that the significant value of our own degrees suffers considerable shrinkage in our minds, when contrasted with that of our German colleagues, and one is lead rather to believe that the competent and intelligent practitioners of medicine in America, have become what they are, not by virtue of, but in spite of, an insufficient education, and that far too much of their progress has been made at the expense of a suffering public.

We have many eminent and able physicians, whose abili-

ties are quite on a level with those of their European brethren, but it is none the less true that the great body of our graduating students are poorly and inadequately prepared to enter upon the practical duties of their profession. Whatever may be said of the German medical man in other respects, he is, at least, well educated.

Surgery.

SURGICAL VICISSITUDES.

J. G. GILCHRIST, M.D., EDITOR, IOWA CITY, IA.

The subject of "fashion" in medicine and surgery is sufficiently trite, so much so that one wonders why it is that, with such constant reminders before the eyes of everyone, the mass of the profession seem to have learned nothing from the bitter experiences of the past. It is only a few days, comparatively, that Wyeth comes before us with a work on surgery, in which the failure to use drainage in all kinds of wounds is condemned in strong language. But here comes another in the person of M. Chenieux, in the French Congress of Surgery, November, 1886, (Ann. Surg., VII, 73) in which he sums up: "Drainage is an enemy to the primary union of wounds," and in a previous paragraph esteems primary union to be the one great achievement! There is some discrepancy here. It is not long since the surgeon was commanded to commit germicide with Carbolic acid, then, as that proved dangerous, Iodoform; still toxic results were had, and a long list of agents were rapidly forced into fashion, until Mercury comes to the front. Of course, some deaths from its use occurred, and the "regulars" and "homœo-rationalists" are seen endangering the lives of their patients with the "attenuations" of Merc. cor., $\frac{1}{50000}$, $\frac{1}{100000}$, $\frac{1}{200000}$, yea, $\frac{1}{300000}$! Well, all this would be wonderful were it not a new verse to the old song.

Still, some good *has* come out of this "antiseptic" craze: it has taught the value of thorough cleanliness, which after all seems to be the secret of success. Some few cases that I have

had the privilege of watching under the most approved "antiseptic" regimen, I have thought would have done even better if the drug part of it had been left out. Cases of my own, of all kinds, have done just as well without any of this treatment, as similar ones otherwise treated. Accidental wounds, of the most formidable character, have in all eras of surgical science, healed safely under the most unfavorable circumstances; penetrating abdominal, thoracic, or cerebral wounds, with prolapse of the viscera and cavities filled with foreign material, and concealed hæmorrhage, have often, time and time again, perfectly recovered, years before the first of these "antiseptics" were born. While such cases were noted in the text-books, still surgeons avoided intentional wounds of these cavities, and put a patient down to die should the peritoneum accidentally be nicked. How many times, in the early days of Listerism, did we read records of necropsies, in which the discovery of a few drops of the murderous "blood-stained serum" found in the peritoneal cavity, was esteemed to be ample reason for the fatality. Who could doubt what so many swore to? And yet, in the twinkling of an eye, we all commence to assert, led by Lister himself: "The peritoneum is amply competent to take care of its own exudates." Well, *that* is true, and yet what a long way round were we led to find it out! It is a source of gratification to the writer that he has not been directed by these *ignes fatui*, not from superior wisdom, but because his first medical craze, Homœopathy, has never disappointed him. Let me illustrate, and, if you please, by a fatal case:

Mrs. P., age 50, came into the hospital January 10, 1888. Has a large abdominal tumor, largely on the left side, reaching well up under the ribs, and what seemed to be a second tumor springing from the right pelvis. The tumor was exceedingly firm, fluctuation very indistinct, and quite immovable, the integument being very tense and shining. The history was, a growth of four years, gradually increasing in size until the maximum was reached about a year ago, when the first tumor ceased to grow, and the second became apparent. Menstruation had always been profuse, but ceased about the time the tumor became apparent. Some months ago was examined, a uterine sound being used, and a copious hæmorrhage ensued; this suggested a uterine examination, which showed nothing abnormal

in that organ. The tumor was diagnosed as ovarian, and laparotomy was performed on the 21st, assisted by Professors Cowperthwaite and Cogswell, and some of the senior class of the department. The incision was made from the umbilicus to the pubis, within an inch or two, and the tissues divided as usual. When the peritoneum was reached a small opening was made, into which a sound was passed, showing the most extensive adhesions; the peritoneal opening was cautiously enlarged, during which, on account of the removal of support, the cyst burst, discharging a "coffee-ground" fluid. None of it entered the cavity, thanks to the adhesions. This left no choice but to proceed with the operation. The tumor was found most intimately united to everything it touched, particularly the mesentery, and deep structures in the left iliac fossa and pelvis. A long and tedious enucleation followed, by which all the tumor was removed with the exception of a portion as large as the hand, which was absolutely immovable; this seemed to be the part related to the pedicle. Everything which had been detached was then removed, with scissors, but two points requiring ligature (cat-gut), and the retained portion was stripped of its secreting layer, leaving the capsule with a firm vascular attachment to the viscera. The time consumed, up to this time, was one hour and thirty-five minutes. The abdominal wound was closed with silk sutures, after thorough cleansing of the cavity; absorbent cotton wet with *Hypericum* laid over the wound, dry cotton outside, and then a flannel binder. During the operation pulse and respiration, toward the last, became very alarming, and the shock was extremely severe. Temperature on being put to bed, was minus one degree, but under Aconite it soon improved, and at night, nine hours afterwards, it was plus one degree. From this time until the morning of her death the temperature never went below normal, nor more than half a degree above. There were no antiseptic dressings of any description, unless the absorbent cotton could be so considered, and no drainage. Arnica was given for two or three days, suspended now and then for a few hours, as some other remedy was given for a prominent symptom. The dressings were not disturbed, but all went well for four days; the catheter was not needed after the second day, and the bowels moved on the third. The patient, however, was an exceedingly unman-

ageable one, and very impatient of control, or restraint of any kind. She once or twice turned or moved herself violently. On the evening of the fourth day, she lifted herself on her hands and elbows, to smooth her clothing, and swing herself to the other side of the cot, which occurrence seems to have been the cause of her death. About two o'clock in the morning, after a restless night, she suddenly became collapsed; the temperature went down rapidly, extremities became cold, pulse 150 and weak, vomiting of stercoraceous matter, and pain in the abdomen, particularly on the left side. Veratrum, and later Secale brought about partial reaction, but she died, with a low temperature some ten hours after. As none of her family were with her, and the snow-blockaded railroads rendering their arrival a matter of doubt, it was necessary for the undertaker to prepare the body, which would render a subsequent *post-mortem* valueless, and none could be made without the consent of the family. Consequently the only examination admissible was an imperfect one while the "embalming" was being done. This showed, however, that the wound was nearly healed, the peritoneal cavity empty, the intestines, above the sigmoid flexure, distended with gas and fecal matter. The fact of obstruction in the descending colon was easily made out, but whether valvulus or intussusception could not be determined. The points of chief interest were the absence of any peritoneal inflammation, from first to last, and the closure of the wound. Now the the question asked is, whether any other treatment could have improved on the result? I think not. Outside of this, however, it might be suggested that the fecal vomiting, etc., might have suggested opening the abdomen and looking for the obstruction; still, I think no one would have thought of such a procedure in *this* case, the collapse being so extreme that the fatal termination would have been precipitated.

But there is something more to be said, on another related question, that can be illustrated by another case, not fatal. A wound can heal firmly, and no septic trouble arise, where it is kept open from first to last, even exposing the medullary canal of a bone, and nothing antiseptic but the indicated remedy used.

F. S., age 16. Came into the hospital Dec. 16, 1887, with necrosis of the left external malleolus, of some months standing. On examination the sequestum was found to be loose, and

internal. A long incision was made, the cloacæ was enlarged with chisel, and the sequestrum, as well as much friable bone and exuberant granulations removed. The wound was kept open with a tent of old muslin, wet with *Hypericum*, and an ordinary roller bandage applied over all. The wound was dressed daily, remedies given as symptoms arose, towards the end strips of adhesive plaster were used to bring the edges closer together. He never had a symptom of fever, nor complained of pain; appetite remained good throughout, sleep satisfactory, and all the functions well performed. *Calendula* was used topically the last two weeks. He was discharged cured Jan. 7, 1888, three weeks after the operation. Here was another case, which according to the canons of modern surgery had no business to get well, or at least with such facility. And the case does not stand alone; in the past three months our clinic has shown quite a variety of operations, ovariectomies, sequestrostomies, and other serious affairs, in none of which were the popular antiseptic methods employed, all of which did well, and but one death occurred; this from causes not connected with the operation.

There can be no question that such measure of success as has been attained in my clinic, owes something to the agitation of the antiseptic discussion, because I probably have been led to pay more attention to the "toilet" of the wound. But there can also be no question, that this alone would have been ineffectual. In one case of laparotomy peritonitis was only arrested by a timely dose of *Aconite*. The principal agent of success has been *Homœopathy*, and its application to surgical practice will surely give far better results than the most rigid observance of any of the routine antiseptic methods, which are born and die so frequently. I wish to take the opportunity to state that each year of the twenty-six I have now been in practice has apparently added to my confidence in the indicated remedy, and confirmed me in the faith that the best *antiseptic* is to be found in the "*similimum*" according to *Homœopathic* teachings.

MODERN HOMŒOPATHIC TEACHING.—The founder of the *Homœopathic* healing art will not be excelled by any modern teacher who tramples on the *Organon*, and as an emblem of his adherence to *Homœopathy* holds the microscope in one hand, the Quinine bottle in the other and the hypodermic syringe in his button hole. The recognition seekers will be *recognized*.—Ad. Lippe, M.D.

Materia Medica.

MERCURY.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

The abuse of this drug and its preparations has been one of the greatest curses of the human race. Its poisonous effects continue during the life of the individual whose system has been thoroughly saturated with it, destroying alike the health of the unfortunate sufferer, both physically and mentally.

It has slain its millions, and its effects can by no possible means be perfectly eradicated from the system.

"The intensity of its action upon the animal organism, may be inferred from the fact that no matter in what form it is administered, it is discovered in the solids and fluids of the organism in the original form of Mercury."

It manifests a decided preference, in its action, for the left side of the body, and its aggravations always appear in the night; patient getting no sleep before 3 A. M.; suffering greatly aggravated by lying in bed; better sitting or walking, especially out of doors.

Profuse and exhausting sweats day or night, *which afford no relief*; anguish; oppression; anxiety; lowness of spirits; distrustful and quarrelsome; momentary vanishing of thought; craziness; absurd talking and manners.

CASE I.—Extreme sadness and melancholy, no appetite, anguish driving him out of bed at night; could not sleep, and got some relief from walking the streets until near morning, when he could go to bed and sleep till 9 or 10 A. M. Would sometimes go to the carriage-house, lie down upon the cushions and sleep for hours. When kindly addressed and on the manifestation of sympathy, would often weep bitterly. These attacks occurred at intervals of thirty to forty days, and would usually last about four days and nights, when they would gradually pass off, leaving his countenance sallow, tongue foul, often slight painful diarrhoea, and with no ability to work for at least one week. This condition continued for several years, the paroxysms gradually growing lighter under the use of the best mercurial antidotes that could be selected in correspondence with the symptoms

which usually varied slightly with each subsequent attack. In truth, the man was more insane at times than otherwise, and although many years have elapsed since he was terribly salivated in the south, he has not yet fully recovered.

He took six successive doses of calomel of 60 grs. each at six hour intervals, making 360 grs. in thirty hours, with 100 grs. of blue mass. "Forgive them, they know not," etc.

The above is a plain statement of facts. Have seen many cases of poisoning and death from its effects, which, when fully established in the system, in connection with some dyscrasia, *cannot* be controlled.

A most painful occurrence of this kind, when I was called shortly before death, I will describe as briefly as possible:

A beautiful little girl, six or seven years of age, had been treated for scarlet fever and had been very ill, and her physician had given her a large quantity of Calomel, which produced ptyalism, ulceration of gums, destruction of the teeth, the inferior maxillary and the whole left side of the face, laying open the entire buccal cavity, and the sloughing laid bare the carotid artery and other arterial trunks, which, when they gave way, produced fatal hæmorrhage.

All the glands about the mouth and throat inflame and become very painful, the tongue takes on inflammation, swells and protrudes from the mouth, which in bad cases cannot be closed, and the fetid and bloody saliva drips or runs in streams for many days, rendering it almost impossible for the patient to eat or drink enough to sustain life.

Fifty years ago, when Calomel was used almost as freely as flour, such cases could be seen daily and no person seriously sick, recovered, unless by accident, without ptyalism.

One of Philadelphia's most reputable physicians observed that all he wanted to prepare him to cope with disease in all its varied forms was Calomel, Opium and the lance. The mania for Calomel extended to the laity, who became as clamorous for it, as the doctor was willing to give it, and physicians in moderate practice used many pounds of it annually.

Pains in all the bones, even those of the skull, burning and twitching of the scalp, falling of the hair, producing complete baldness, ophthalmia of all varieties, complete vanishing of sight for several minutes, are among the symptoms produced.

had the privilege of watching under the most approved "antiseptic" regimen, I have thought would have done even better if the drug part of it had been left out. Cases of my own, of all kinds, have done just as well without any of this treatment, as similar ones otherwise treated. Accidental wounds, of the most formidable character, have in all eras of surgical science, healed safely under the most unfavorable circumstances; penetrating abdominal, thoracic, or cerebral wounds, with prolapse of the viscera and cavities filled with foreign material, and concealed hæmorrhage, have often, time and time again, perfectly recovered, years before the first of these "antiseptics" were born. While such cases were noted in the text-books, still surgeons avoided intentional wounds of these cavities, and put a patient down to die should the peritoneum accidentally be nicked. How many times, in the early days of Listerism, did we read records of necropsies, in which the discovery of a few drops of the murderous "blood-stained serum" found in the peritoneal cavity, was esteemed to be ample reason for the fatality. Who could doubt what so many swore to? And yet, in the twinkling of an eye, we all commence to assert, led by Lister himself: "The peritoneum is amply competent to take care of its own exudates." Well, *that* is true, and yet what a long way round were we led to find it out! It is a source of gratification to the writer that he has not been directed by these *ignes fatui*, not from superior wisdom, but because his first medical craze, Homœopathy, has never disappointed him. Let me illustrate, and, if you please, by a fatal case:

Mrs. P., age 50, came into the hospital January 10, 1888. Has a large abdominal tumor, largely on the left side, reaching well up under the ribs, and what seemed to be a second tumor springing from the right pelvis. The tumor was exceedingly firm, fluctuation very indistinct, and quite immovable, the integument being very tense and shining. The history was, a growth of four years, gradually increasing in size until the maximum was reached about a year ago, when the first tumor ceased to grow, and the second became apparent. Menstruation had always been profuse, but ceased about the time the tumor became apparent. Some months ago was examined, a uterine sound being used, and a copious hæmorrhage ensued; this suggested a uterine examination, which showed nothing abnormal

in that organ. The tumor was diagnosed as ovarian, and laparotomy was performed on the 21st, assisted by Professors Cowperthwaite and Cogswell, and some of the senior class of the department. The incision was made from the umbilicus to the pubis, within an inch or two, and the tissues divided as usual. When the peritoneum was reached a small opening was made, into which a sound was passed, showing the most extensive adhesions; the peritoneal opening was cautiously enlarged, during which, on account of the removal of support, the cyst burst, discharging a "coffee-ground" fluid. None of it entered the cavity, thanks to the adhesions. This left no choice but to proceed with the operation. The tumor was found most intimately united to everything it touched, particularly the mesentery, and deep structures in the left iliac fossa and pelvis. A long and tedious enucleation followed, by which all the tumor was removed with the exception of a portion as large as the hand, which was absolutely immovable; this seemed to be the part related to the pedicle. Everything which had been detached was then removed, with scissors, but two points requiring ligature (cat-gut), and the retained portion was stripped of its secreting layer, leaving the capsule with a firm vascular attachment to the viscera. The time consumed, up to this time, was one hour and thirty-five minutes. The abdominal wound was closed with silk sutures, after thorough cleansing of the cavity; absorbent cotton wet with *Hypericum* laid over the wound, dry cotton outside, and then a flannel binder. During the operation pulse and respiration, toward the last, became very alarming, and the shock was extremely severe. Temperature on being put to bed, was minus one degree, but under Aconite it soon improved, and at night, nine hours afterwards, it was plus one degree. From this time until the morning of her death the temperature never went below normal, nor more than half a degree above. There were no antiseptic dressings of any description, unless the absorbent cotton could be so considered, and no drainage. Arnica was given for two or three days, suspended now and then for a few hours, as some other remedy was given for a prominent symptom. The dressings were not disturbed, but all went well for four days; the catheter was not needed after the second day, and the bowels moved on the third. The patient, however, was an exceedingly unman-

CASE II.—Large man, with gastric derangement, suddenly became blind in left eye, which had always been good ; pupil widely dilated (otherwise whole appearance of the eye good). Gave him six doses of the 6th trit., dose every hour. Cured in twelve hours.

Otorrhœa, discharge of fetid pus and blood from the ear, of long standing.

Specific for parotitis, 30 to 200, low enough.

Violent, fluent or dry coryza, with excoriation ; clay-colored face, bluish-red circles around the eyes, sometimes sunken features, but generally there is a puffiness of the countenance ; large, flabby tongue, showing the imprint of the teeth on its edges, which may be sore and ulcerated, with ptyalism.

Cures some cases of crusta lactea, when on the right side of the face upon an inflamed base, with profuse muco-purulent discharge.

Syphilitic pustules on the face, forehead, in the mouth, on the tongue, in the throat and perhaps on the eyelids.

Looseness of the teeth, soreness and swelling of the gums and jaws, tonsils, submaxillary and sublingual glands, with copious flow of saliva. Patient *must swallow* or *spit* all the time ; brown or blackish, or whitish tongue, with a short, hairy coating ; looks as though it had been covered with hair that had not been *closely shaven* off.

Glossitis, when the tongue is so swollen as to protrude from the mouth ; painful ; can neither talk nor swallow ; if not from Mercurial abuse, will be relieved by this remedy. When the tongue looks like a strawberry, Merc. cor. may be indicated.

Useful in nearly all cases of sore throat at some stage of the disease, usually worse on the left side ; on the right side, Merc. jod.

Hiccough of four days and nights' duration, only relieved for half an hour by drinking a tumblerful of luke-warm water, which, in half an hour, would be vomitted, when the hiccough would again set in, to be again relieved as before. This was during the early part of a most painful ptyalism from Calomel.

Fullness and tenderness on pressure of the epigastric, umbilical and hypochondriac regions.

Indispensable in many cases of dysentery ; griping *before, increasing tenesmus at and following the stool* ; pain and distress in

the bowels ; the discharge never affords relief ; the patient cannot finish ; feels as though something remained, and he strains to pass it, which only makes it worse. Always use the Merc. cor. 8th, 30th or 200th in these cases.

Produces inexpressible anguish and pain all over the abdomen, which is tender to the touch.

Never fails in inflammation of the prepuce, often seen in young children ; is much swollen and looks as if distended by water or air.

Hard swelling of the testicles, with shining red swelling of the scrotum ; emissions of semen that is bloody.

Prolapsus of the vagina in a young girl during the progress of fever was *not* relieved by it, and in spite of all I could do, the part sloughed off.

Purulent, corrosive or mild leucorrhœa, apt to be worse in the evening ; the discharge may be greenish and cause much smarting of the external genitals.

An indescribable pricking itching over the upper part of the dorsal-spine, between the shoulders, not relieved by scratching, worse when riding in a rough carriage ; of years' duration ; occurring after excessive ptyalism ; never relieved by this nor any other remedy.

Exfoliation of finger-nails ; here Sepia has helped.

Cramps in the toes ; and swelling of the dorsa of the feet ; and painful swelling of the metatarsal bones.

Hyperæsthesia of the legs and feet, producing a fidgety feeling ; relieved by exercise ; often driving the patient out of bed ; relieved by walking around the room, but returns on going to bed, and often continues the whole night.

Diarrhœa and summer complaint of young children, with cold, clammy thighs and legs ; usually worse at night, and may be attended by cold, sweaty feet.

Many physicians have observed that the action of this medicine was intensified by Bryonia, but I never saw it so stated until Dr. Hoyme, in his *Clinical Therapeutics*, uses the following language :

"Our observation leads us to avoid giving Bryonia after Mercurius, or in persons who have taken too much Mercury, as we have seen salivation ensue a number of times under such circumstances."

I know a physician who cannot triturate Mercury without being salivated for several days.

The 2d and 3d decimal trituration I have known to produce ptyalism several times. Patients will say: "Doctor, you have salivated me."

AN ATTEMPT TO CONSTRUCT A SYSTEM OF THERAPEUTICS ON THE BASIS OF THE CHEMISTRY OF THE HUMAN BODY.

J. COMPTON BURNETT M.D.

I put my own name to this paper to save myself the trouble of a verbatim translation of an essay bearing this title, which appeared in the year 1882 in the journal of the Homœopathic physicians of Berlin, and the gist of which I desire to bring before the profession in the English-speaking countries of the world.

There exists in Berlin a Homœopathic medical society called the Berliner Verein Homœopatischer Aerzte, which society publish a journal entitled *Zeitschrift des Berliner Vereins Homœopatischer Aerzte*, under the editorship of Dr. Windelband and Dr. Sulzer, both eminent physicians of Berlin.

A distinguished member of this society was the late Dr. Ameke, of Berlin, who published in the before-mentioned journal two papers, one of which has been since published in book form and rendered into English by our promising colleague, Dr. Alfred E. Drysdale, of Cannes, under the supervising editorship of Dr. Dudgeon, of London, to whose erudition and diligence we most of us owe a good deal.

I am not here concerned with Dr. Ameke's History of Homeopathy, but mention it only in passing. The book is so good that I fear it will not be generally read; my object in mentioning it is to introduce a paper by the same Dr. Ameke, published by him in the same journal, and at the same time, under the title of *Versuch zu seiner Therapie auf Grundlage der Chemie des Menschen*,* Von Dr. Ameke, prak. Arzt in Berlin,

**Zeitschrift des Berliner Vereins Homœopatischer Aerzte.* 1 Band. Heft v. Berlin: Verlag von Otto Janke. 1882.

the English of which stands at the head of this contribution to the contemporaneous history of Homœopathy in Europe.

Having read this paper in the year 1882, I have during the past five years profited a little in practice by what it taught me, and to this reference will be subsequently made.

I propose to give a very short epitome of Dr. Ameke's essay in as few words as possible, referring those more particularly interested in the history of Homœopathic offshoots to Dr. Ameke's original article, which occupies nearly fifty pages of the fifth number of the first volume of the *Zeitschrift*. (Berlin, 1882.)

Dr. Ameke first quotes from Hahnemann, and puts our Homœopathy through a fine-meshed sieve indeed; and then refers to a refers to a number of authors whose work and writings seem to tally with Ameke's new departure in therapeutics, the three principles of which he thus lays down:

" 1. The chemical combinations that occur in the human organism may be (under the circumstances) active remedies.

" 2. Those chemical combinations that are found in a given organ or tissue may be used (under circumstances) as remedies for the diseases of the same (organ or tissue).

" 3. Those chemical combinations that occur, or that occur in greater quantity, at the seat of definite diseases, may be remedies of these self-same diseases."

Or, in other words, the general organic materials of the body, or the particular constituents of the organ may be remedies for the body's diseases, or for the diseases of the organs or tissues, and likewise the peculiar products of a diseased part are to be the remedies of the diseases of the same, or boiled down still more; the organism, the organ, the morbid product have their remedies in their proximate chemical principles, and these remedies are to be used in Homœopathic dilutions.

The common inorganic constituents of the body are, as a matter of fact, used as remedies by all schools of therapeutics, but Dr. Ameke's first principle deals with organic compounds.

Ameke's second principle includes Schussler's base of operations, and is not easily, even mentally, separated from his first.

But Dr. Ameke's third principle requires more attention. At first sight I could see no difference between it and the now venerable Isopathy of Lux; but Ameke seems to draw a differ-

ence in the complex and mutable nature of the Isopathic remedies, their uncleanable dirtiness, their probable uselessness, because of their never-ending decomposing.

For my own part I have never been able to procure Lux's writings, notwithstanding my untiring efforts for years past both here in Germany. If anyone would help me to them I should be very grateful.

The general impression I gather from the hereto relative literature in our school is that Isopathy consists in giving small-pox virus to cure small-pox, the syphilitic poison to cure syphilis, the poison of measles to cure measles, cancer to cure cancer, and so on ; but whether Lux really presents it thus I do not know.

Dr. Ameke's third principle differs apparently from Isopathy in this, that his remedies are chemical compounds, fixed proximate principles, and therefore, known or knowable fixed quantities prepared from the disease itself by chemical science either from animal parts or products, or synthetically, and therefore neither dirty nor disgusting any more than, say, Phosphorus.

Ameke reasons thus: Carbolic acid is a good antiseptic ; it is itself the end-product of the putrefactive process, and it nevertheless prevents putrefaction—that is to say, the same substance which is formed in a given process is calculated to hinder the further development of this very process.

Dr. Ameke read up the various works on physiology, animal chemistry, etc., etc., and obtained from the manufacturers of biological products the following substances:

Allantoin, Allophan, Asparaginic acid, Succinic acid, Bilirubin, Biliverdin, Cholic acid, Cholesterin, Cholesterinic acid, Chondrin, Cerebrin, Dextrin, Dialysin, Elastin, Excretin, Fibrin, Globulin, Glutin, Glycerinphosphoric acid, Glycogen, Glycocol, Glycocholic acid, Guanin, Haematin, Haemoglobin, Uric acid, Urea, Hippuric acid, Hypoxanthin, Indol, Inosit, Kalialbuminate, Keratin, Kreatin, Kreatinin, Kryptophanic acid, Lecithin, Lencin, the various Lactic acids, Methylhydantoin, Methyluramin, Mucin, Nuclein, Oleic acid, Oxalic acid, Oxaluric acid, Parabanic acid, Palmitic acid, Phenol., Protagon, Scotol, Stearic acid, Taurin, Taurocholic acid, Grape Sugar, Tyrosin, Urobilin, Xanthin.

Dr. Ameke obtained these proximate principles mostly from

the chemical laboratories of E. Merck, of Darmstadt; Troms-dorff, of Erfurt; Schering's gruene Apotheke, Berlin; and those not there obtainable were prepared by Dr. Paul Jeserich, of Berlin, for Dr. Ameke.

When Ameke, in 1882, published the paper I am here trying to epitomize, *he had then been practicing medicine in Berlin with the above-mentioned substances during four years.*

Because in the acute diseases urea is increasedly eliminated, Dr. Ameke used Urea 3 much as we use Aconite, or Schuessler Fer. phos., and he gives a number of clinical cases thus treated, then Xantin seems to take the place of Kali chlor.

Hippuric acid Ameke uses in a large number of cases, but does not say why; Allantoin also and Mucin.

Roughly, all the cases treated by Ameke, with either Urea, Xanthin, Hippuric acid, Allantoin and Mucin, would appear to be of the rheumatic, gouty, catarrhal kinds. Then comes Neurin, that looks like a really good "nervine." Ieucin Dr. Ameke used for catarrhs, and seems to think it almost a specific for dysentery. Cholesterin he tried in vain in cataract, tuberculosis and purulent processes, but found it a very notable remedy in liver affections, gall-stones, and even cancer of the liver.

He praises Lactic acid in gleet.

The particulars of his use of his remedies in cancer and tumors Dr. Ameke reserves for a subsequent special treatise, speaking full of hope on the subject.

This was published by Ameke in 1882, and created a considerable flutter in the Homœopathic dovecotes of Germany, and Drs. Windelband and Sulzer were severely blamed for inserting Dr. Ameke's new system of medicine in their Homœopathische Zeitschrift. And very great was my surprise and that of many of our German colleagues thereupon to find this same Dr. Ameke coming out as the author of about the only real History of Homœopathy we have!

Whether Ameke's notions on the use of human bio-chemicals the curative agents for human bodies, its diseases and hyperplasias have been since followed by any corroborative work in Germany, I am unable to say.

During the past five years I have been in the habit of using some of them, and more particularly Urea, Hippuric acid and

Cholesterin, all three of which, I have no hesitation in saying, will eventually take their places in our *copia remedium*, and if I had any doubt at all as to Urea and Hippuric acid, I have none whatever about the future of Cholesterin as a very notable hepatic; in one case of what seemed like cancer of the liver it acted so well that the patient got well and quite lost his yellow cachectic look, and expressed great gratitude to the remedy used. I said nothing to him about either remedy or disease. I used either the 3 or 3x trit., but which I do not remember.

If in the lapse of time some of the proximate principles mentioned by the late Dr. Ameke should prove valuable remedies, we shall owe another debt of gratitude to the learned author of the History of Homœopathy.—Homœopathic Review.

FERRUM PHOSPHORICUM.

Phosphate of Iron.

$Fe_3O_4, FePO_4, 12H_2O.$

One of the organic tissue-salts introduced by Schuessler. Needs proving.

This arrangement includes all of Schuessler's Third American edition, with additions from the current literature.

Prepared by trituration.

Good results with the 200th potency have been obtained.

CLINICAL AUTHORITIES.—*Congestion of blood to head*, Raue's Rec., 1875, p. 6; *Headache* (5 cases), Raue's Rec., 1875, pp. 5-6; *Attacks of nausea*, Raue's Rec., 1875, p. 6; *Dyspepsia with vomiting*, Mossa, Allg. Hom. Zig., vol. 104, p. 51; *Summer complaint with bloody stools*, Goodno, MSS., 1877; *Irritability of neck of bladder*, Hunt, Raue's Rec., 1872, p. 164; *Incontinence of urine*, Parsons, Trans. Am. Inst. Hom., 1883, p. 181; *Enuresis*, Cooper, Hughes' Pharm., p. 369; *Gonorrhœa*, first stage, Raue's Pathol., p. 697; *Hæmorrhage from urethra or bladder*, Ashton, Hah. Mo., vol. 10, p. 466; *Dyspareunia*, Sulzer, Times Retros., 1875, p. 18; *Dysphtheria* (2 cases), Morgan, Hah. Mo., 1885, p. 231; *Pneumonia in phthisis*, Goodno, MSS.; *Cough*, Cooper, Raue's Rec., 1871, p. 132; *Cough*, Fischer, Times Retros., 1875, p. 18; *Acute bronchial catarrh*, Goodno, MSS.; *Hamophysis of phthisis*, Knerr, MSS.; *Sugillation of foot*, Fischer, Times Retros., 1875, p. 18; *Articular Rheumatism*, Plate, Raue's Rec., 1874, p. 253; *Acute synovitis*, G. R. Norton, MSS.; *Debility of children*, Cooper, Raue's Rec., 1872, p. 206; *Measles* (35 cases), Koeck; *Intermittent*, Curtis, MSS.

[The bracketed comparisons are inserted for convenience of study.]—ED.

MIND. Very talkative and hilarious; unnatural excitement.

[Lach., Sel., Stram.] Delirium tremens.

Sows eat up their young ; a transient mania depending upon hyperæmia of brain.

SENSORIUM. Dizziness with constant feeling as if head were being suddenly pushed forward, with danger of falling. [As if one would pitch forward, Kal.—backward, L.ed.]

Great dizziness ; every thing swims around him ; his muscles seemed so weak he could hardly move about.

Vertigo caused by congestion to various parts of brain or head.

Relieved symptoms supposed to be due to cerebral venous congestions.

INNER HEAD. Hammering pain in forehead and temples, so severe that she fears an apoplectic stroke, [Lach., Nat. m.]; agg. in r. side, formerly agg. on l. Dyspepsia.

Frontal headache, followed and relieved by nosebleed. [Intense headache with dark red face and blood-shot eyes, relieved by nosebleed. Melilotus.]

Scarcely endurable, dull, heavy pain on top of head during menses which are very profuse. [Pressive pain on vertex, relieved by pressure, and generally accompanied by pain in stomach, Verat. a.—Pressive vertex headache relieved by pressure, accompanied by icy coldness of hands and feet, Meny. But in neither does the pain occur during profuse menstruation.]

Top of head sensitive to cold air, noise and any jar ; on stooping, sharp pain through head from back to front ; at times, a feeling as if head were being pushed forward, with danger of falling. [Kal.]

Severe headache, soreness in vertex, general soreness of scalp, cannot bear to have hair touched, great nervousness at night. [Ars., Cinch.]

On stooping a sharp pain through head, from back to front.

Headache or neuralgia of face with stinging, pressing or throbbing, agg. from shaking head, stooping and all motion.

“Blind headache,” in a lady who had at the same time a bearing down sensation in uterus, with a constant dull pain in either ovarian region. [Blindness, sight returns with increasing headache. Kali bi.]

Headache with hot, red face and vomiting of food. [Mel.]

Rush of blood to head with vertigo. [Mel., Lach., Nux., Sulph.]

Congestion of brain in children and grown persons ; meningitis.

Congestion to head with epilepsy.

OUTER HEAD. Soreness in vertex, general soreness of scalp, cannot bear to have the hair touched. Headache.

Top of head sensitive to cold and noise or any jar.

SIGHT AND EYES. On stooping cannot see ; seems as if all blood ran into eyes.

Blinding headache.

Acute conjunctivitis without suppuration, or discharge of mucus.

Ophthalmia, first stage ; marked redness with great pain, and without mucus or pus.

Traumatic conjunctivitis from a bad wound, after case had been badly treated ; it lessened the burning, and trickling of tears.

Eyes inflamed during dentition.

Conjunctivitis and photophobia. Measles.

Stye on lower lid of r. eye. [On lower lid. Graph., Lyc.]

HEARING AND EARS. Sensitive to noise.

Roaring or buzzing from rush of blood to head. [Lach.]

Inflammatory pain in ear ; otitis.

Catarrhal affection of Eustachian tube and ear, often combined with catarrh in chest, or bowels, or both.

Painful red swelling of parotids, one side or both. Measles.

SMELL AND NOSE. Nosebleed of bright blood. Summer complaint. [Ipec., Mel., Mill.]

Nosebleed : with blood spitting ; following and relieving headache ; a concomitant of other complaints. [Mel.]

Bleeding of nose in children.

Coryza ; at the very beginning.

UPPER FACE. Face earthy, pale, sallow. [Cinch., Fer., Sep.]

Red face, with dysmenorrhœa. [Bell., Gels., Pet.]

Pain with heat and redness of face.

Hot cheeks with toothache.

Neuralgia in face. [Intermittent, right side, amel. by heat. Mag. phos.]

TEETH AND GUMS. Toothache, with hot cheeks.

Congestive or inflammatory toothache or faceache.

Toothache always appearing after eating food; amel. by cold. [Bell., Bry., Ign., Nat. m., Nux, Staph.]

Caries dentium.

Complaints during dentition, with fever.

Toothache agg. by warm, and amel. by cold drinks. [Coff., Bry.]

TASTE AND TONGUE. Tongue swollen and dark red. [Apis.]

Inflammation of tongue, fauces and tonsils; redness, pain without exudation.

THROAT. Constant inflammation of palate, tonsils and pharynx, with dryness, redness and pain.

Fever; glistening, flushed eyes; red cheeks; tonsils red and swollen, especially r., on which was a tuft-like exudation, about its center, and about one-fourth inch in diameter, hanging downwards, the upper attachment looking blackish, next to the tonsils; fetid breath; next day tonsil clear, fever gone, but a similar mass of exudation on posterior wall of pharynx; on day following apparently well, but next morning another patch of exudation appeared on l. side, which finally disappeared on resumption of remedy.

Soreness of throat; tonsils red and moderately swollen; some fever; diphtheritic membrane on part of r. tonsil.

APPETITE, THIRST. DESIRES, AVERSIONS. Loss of appetite. Poor appetite with attacks of sickness; could hardly get enough to eat after attacks of nausea.

Great thirst for much water. Summer complaint.

Aversion to meat. [Alum., Arn., Carbo. v., Sulph.]

Aversion to milk. Dyspepsia.

Better from drinking tea. [Thea.]

Worse after meat, herring, coffee, cake. Dyspepsia.

EATING AND DRINKING. While eating at table, chill.

After warm food or drinks, toothache, amel. by cold. (Coff., Bry.)

Eating aggravates gastralgia.

HICCOUGH, BELCHING, NAUSEA AND VOMITING. Sudden attacks of "deathly sickness at stomach," coming on at no particular time, sometimes even awaking her out of sleep, and lasting from a half to one hour; appetite poor.

After eating, nausea and vomiting of food ; vomited matter very sour, setting teeth on edge ; vomiting in morning before eating. Dyspepsia. (Lyc., Rob.)

Vomiting. Gastritis. Whooping cough. Summer complaint. Intermittent fever.

• Vomiting with the pains.

Green vomiting. Pneumonia.

Vomiting of blood.

SCROBICULUM AND STOMACH. Puffed up in region of stomach and hypochondria.

Pain in stomach agg. after eating. [Abies, Bry., Nux.]

Acute and chronic gastralgia agg. by eating and pressure on stomach ; vomiting of food.

Acute gastritis with violent pain in region of stomach which is distended ; vomiting and fever.

Anorexia ; aversion to milk ; nausea and vomiting after eating ; vomited matter so sour that it sets the teeth on edge ; agg. from meat, herring, coffee and cake, particularly sour things ; sometimes vomiting in morning before food has been taken ; cephalalgia, hammering in forehead and temples, formerly agg. on l. side, now agg. on r. side, so severe that she fears she will have an apoplectic stroke ; menses profuse and early ; stool regular ; sleep restless, with anxious dreams ; greatly depressed in morning ; in evening sensation of constriction, must loosen her clothing. Dyspepsia.

Catarrh of stomach and bowels.

ABDOMEN. Colic before stool. [Pod., Sulph., Aloe.]

Bellyache with watery diarrhœa.

Inflammatory colic of horses.

Peritonitis.

Abdominal herniæ in persons otherwise robust. [Tab., Ver.]

Inflamed and incarcerated hernia.

STOOL AND RECTUM. Yellow, watery diarrhœa. Pneumonia.

Chronic diarrhœa.

Lienterie from relaxation of pyloric muscles.

Stools contain undigested food in consequence of disturbance in the muscular fibres of the stomach.

Lienterie after a catarrh.

Dysentery commencing with violent fever ; pain depends

upon inflammatory condition, does not intermit and is agg. from pressure on stomach.

Before stool: colic ; no tenesmus or but slight.

During stool: no tenesmus or only slight.

Frequent stools, green, watery or hashed, mixed with mucus, scanty; straining at stool, also retching; child rolls its head and moans; eyes half open; face pinched; urine scanty; pulse and respiration accelerated; starting in sleep. Summer complaint.

Stools: of pure blood, bloody mucus, or bloody scum; yellowish, whitish, brown with blood; like bloody fish-brine; green watery or green mucous, with blood, no pain; blood dark or light. Summer complaint.

Aggravation: midnight till morning [bloody serous stools]; bloody mucus mixed with watery discharges day or night. Summer complaint.

Cholera depending on an inflammatory state.

Habitual constipation.

Constipation caused by atony of muscular fibres of intestines. [Alum., Op., Verat.]

Disposition to prolapsus recti.

Hæmorrhoidal troubles and obstinate constipation.

Hæmorrhoids, with catarrh of stomach and bowels.

URINARY ORGANS. Bright's disease; diabetes.

Hæmorrhage from bladder or from urethra.

Cystitis, with violent fever.

Frequent desire to urinate, urgent, with pain in neck of bladder and end of penis; must urinate immediately, which amel. the pain; the above only or chiefly during day, not at night; agg. the more he stands.

Enuresis nocturna from weakness of sphincter.

Diurnal enuresis, depending on an irritability of trigone and cervix vesicæ, amel. when pressure of urine is taken off by recumbent posture.

Urine spurts out with every cough. [Caut., Puls., Verat. a.]

Retention of urine, with fever in little children.

Complaints before making water.

MALE SEXUAL ORGANS. Seminal emissions.

Inflammatory stage of gonorrhœa.

FEMALE SEXUAL ORGANS. Bearing down sensation in uterus with constant dull pain in either ovarian region. (Lil.)
 Vaginismus, pain in vagina during coitus; cannot bear examination. [Nat. m.]

Dysmenorrhœa, with accelerated pulse and red face.

Menses every three weeks, profuse, with pressure in abdomen and small of back. Dyspepsia. [Cal.]

During profuse menses pain on top of head.

Chlorosis.

PREGNANCY. PARTURITION. LACTATION. During the third month of pregnancy. Headache.

Cough with ejection of urine; during pregnancy. [Caust., Puls., Ver. a.]

VOICE AND LARYNX. TRACHEA AND BRONCHIA. Laryngitis and hoarseness from overstraining voice. [Arum.]

Much mucus in throat and rattling in chest.

Acute bronchial catarrh affecting larger and smaller bronchi.

Bronchitis of young children.

Violent fever in beginning of croup.

RESPIRATION. Pleuritic stitch with a deep inspiration or cough.

COUGH. Acute, short, spasmodic and very painful cough.

Tormenting cough when bending head over or touching larynx.

Short, dry, hacking cough, with involuntary spurting of urine. During pregnancy. [Caust.]

Spasmodic cough every morning when dressing, greatly agg. by going into open air; fits of coughing produce involuntary micturition.

Cough in paroxysms, most at night or during day when asleep.

Cough agg. at night with much rattling of mucus in chest which is also most marked at night; slight fever.

Whooping cough with retching and vomiting. [Cup., Dros.]

Inflammatory or catarrhal stage of whooping cough.

Expectoration of clear blood. Pneumonia.

Hæmoptysis, after concussion or a fall. [Arn., Ham.]

INNER CHEST AND LUNGS. Catarrhs on chest of children, similar to *Aconite*.

Right-sided pleuritic stitch agg. when coughing and on deep inspiration. [Bry., Kali. c.]

Pleuritis and pneumonia, first stage.

Pneumonia, the hyperæmia depending on relaxation of muscular fibres of blood-vessels as long as no exudation has taken place; general heat of body; very little thirst; first stage.

Coughs up clear blood; nosebleed at same time. Pneumonia.

In a tuberculous woman, æt. 49, pneumonia of l. upper lobe, with well marked crepitation and profuse expectoration of frothy, pink mucus, patient almost moribund. Full, round pulse; congestion; inflammation before any exudation; sputa blood-streaked, caused by least exertion or cold air, when congestion comes in opposite lung. Phthisis pulmonalis.

Hæmoptysis of phthisis.

Phthisis florida.

HEART, PULSE AND PALPITATION. Palpitation from congestion.

It will not cure thoroughly unless there is a full pulse, but a pulse less bounding than in *Acon.*, and not so flowing as in *Gelsem.* (Farrington.)

Pulse full, from 120 to 160. Summer complaint.

Accelerated pulse. Dysmenorrhœa. [See *Mgn. phos.*]

Quick pulse.

Anæmia incidental to climacteric period.

OUTER CHEST. Rheumatism in upper thorax.

NECK AND BACK. Crick in neck or back.

UPPER LIMBS. Violent pain in r. shoulder and upper arm, of a drawing, tearing character, agg. by violent motion of arm, amel. by gentle motion, and so the patient hardly kept the arm still at all; the affected part somewhat sensitive to touch; feeling of deadness in r. hand and loss of strength so that she could not lift heavy things. [Intense pain in r. arm and shoulder; worse at night; absolutely unable to raise the arm. Sang.] Rheumatism.

Acute rheumatism of r. shoulder-joint; red, swollen and very sensitive to touch. [Bry., Lyc., Rhus, Sang.]

Rheumatism of r. deltoid; unable to work, even to wear his cloak. [Rhus.]

Swelling of elbow after a sprain, horribly maltreated by leeches and an incision, with general weakness, loss of appetite, fever and earthy, pale face; on upper part of

forearm and lower part of upper arm a large swelling, red and hot, not allowing the least motion; insufferable pains, burning; sleepless.

Rheumatism in wrist.

Palms of hands are hot, with children. [Fer., Gels., Sep., Sulph.] Rheumatic complaints.

Fingers contracted by acute articular rheumatism. [Caul.]

LOWER LIMBS. Inflammation of hip-joint.

Severe pain in both knees, shooting down the legs; every motion painful; high fever, quick pulse and increased temperature; sleepless at night from severity of pains; in addition to the knees one joint after another was attacked; joints puffy, very little redness; finally swelling in shoulder-joints and upper thorax; (after *Ferr. phos.* it went downwards from one joint to the other, to the knees and then passed off.)

Skin on outer side of ankle pale red; foot greatly swollen and sensitive to touch; toes feel as if they were burning.

Acute synovitis.

Steady terrible pain all over foot and ankle; cries with the pain; occasional shooting pains up inside of leg; once in minute or two a shooting pain in foot around ankle.

Acute synovitis.

An acute very painful sugillation on dorsum of foot.

LIMBS IN GENERAL. Acute articular rheumatism.

Rheumatism attacking one joint after another; joints puffy but little red; high fever. [Kali bi., Kal., Puls.]

Wrist and knee affected by rheumatism.

Articular rheumatism agg. from slightest motion. [Bry., Colch.]

Rachitis with no pains in the epiphyses.

REST. POSITION. MOTION. Desire to lie down.

Recumbent position: amel. diurnal enuresis.

Standing: desire to urinate increased.

Stooping: sharp pain through head; cannot see; faceache agg.; produces tormenting cough.

Motion: causes headache; agg. pain in arm and shoulder; gentle motion decreases pain in upper arm and shoulder; swelling in arm allows no motion; pain in knees agg.; articular rheumatism agg.

Exertion: sputa blood-streaked.
Desire to get out of bed and run about.
Can hardly move about.

NERVES. Great nervousness at night. Headache.

A general feeling of weakness and desire to lie down.
Rheumatism of shoulder.

He desired to get out of bed and wished to run around,
but he was so weak that he fell over; very talkative and
hilarious.

Muscles so weak could hardly move about.

Great prostration. Summer complaint.

Debility of children, with no organic lesion, save a carious
condition of teeth; flesh fairly firm, complexion delicate,
hair light and curly.

Convulsions with fever.

Epilepsy with congestion to head.

Acute cases of rheumatic paralysis.

SLEEP. Restless at night. Summer complaint.

Restless sleep at night, with anxious dreams; great de-
pression in morning. Dyspepsia.

Sleepless from severity of pains. [Lil.]

Restlessness and sleeplessness. Measles.

Cough in day time when asleep.

TIME. Between 4 and 6 A. M.: sweat.

Morning: vomiting; greatly depressed.

By day: bloody and watery discharges; frequent desire to
urinate; cough.

Evening: sensation of constriction, must loosen her clothes.

Night: great nervousness; bloody and watery discharges;
cough agg.; more rattling of mucus on chest; sleepless.

Midnight till morning; bloody serous stools.

TEMPERATURE AND WEATHER. Open air: agg. cough.

Warm drinks: toothache agg.

Cold air: top of head sensitive to; sputa blood-streaked.

Cold and cold drinks: amel. toothache. [Coff., Bry.]

FEVER. Chill returning at same time (1 o'clock) every day,
while sitting at table.

General heat with very little thirst.

Fever with vomiting and puffed up stomach.

High fever, quick pulse and increased temperature.

Skin hot and dry. Summer complaint.

Fever: with complaints accompanying teething; with gastritis; with cystitis; retention of urine; beginning of croup; with cough; with rheumatism; with convulsions.

Intermittent fever with vomiting of food.

In beginning of typhus.

Copious night sweats, not relieving the great pains of rheumatism, driving out of bed.

Sweat between 4 and 6 A.M., with increase of pains. Rheumatism of shoulder.

ATTACKS, PERIODICITY. Sudden attacks of sick stomach.

Once in a minute or two: shooting pain in foot and around ankle.

Half an hour: deathly sickness at stomach.

Every morning: spasmodic cough. [Arg.]

Every day at same time: chill. [Aran., Ced., Gels., Sab.]

Every three weeks: menses. [Cal.—every two weeks, Cal. p. Tril.]

Cough in paroxysms. [Bell., Cup., Hyos., Dros.]

Headache at intervals for many years.

LOCALITY AND DIRECTION. Right: pain in head increasing on r. side; styte on lower lid of eye; tonsil red and swollen; diphtheritic membrane on tonsil; hammering in side of head; pleuritic stitch; violent pain in shoulder and upper arm; hand numb.

Left: pneumonia of lobe; exudation on side of throat: hammering on side of head.

Shooting: up inside of leg; down-legs.

From back to front: pain in head.

SENSATIONS. As if head were being suddenly pushed forward; as if all the blood ran into eyes; toes feel as if they were burning.

As if bursting: toes.

Pain: in eyes; of face; of palate; of tonsils; of pharynx; in stomach; in neck of bladder; in end of penis; in vagina; on top of head.

Insufferable pains: in upper limbs.

Violent pain: in region of stomach; in r. shoulder; in upper arm.

Steady terrible pain: all over foot and ankle.

Tearing pain: in r. shoulder; in upper arm.

Severe pain: in both knees; in head; cries because the pain is so bad.

Sharp pain: through head.

Shooting pains: from knees to legs; up inside of leg; in foot; around ankle.

Pleuritic stitch.

Neuralgia: of face.

Blinding headache.

Hammering pain: in forehead; in temples.

Throbbing in head.

Stinging: in head.

Acute rheumatism: of r. shoulder joint; of r. deltoid; in wrist; in fingers; in knee; in shoulder.

Heavy pain: on top of head.

Bearing down sensation: in uterus.

Inflammatory pain: in ear.

Inflammation; of tongue; palate; of tonsils; of pharynx; of fauces; of hip-joint.

Burning: of eyes; of upper limbs.

Heat: of face.

Soreness: in vertex; of scalp; of throat.

Constriction: in region of stomach.

Pressing: in head; in abdomen; in small of back.

Painful swelling: of parotids.

Dull pain: on top of head; in either ovarian region.

Roaring buzzing; from rush of blood to head.

Dryness: of tonsils; of palate; of pharynx.

Dead feeling: in r. hand.

TISSUES. Hyperæmia dependent upon relaxation of muscular fibres of blood-vessels.

All kinds of inflammation as long as no exudation has taken place.

First stage of all inflammations as long as there is no suppuration.

In first stage of inflammation, hyperæmia, to the abatement of fever and beginning of sweat.

Relaxation of muscular fibres presiding over voluntary motion.

Diarrhœa from disturbed function of molecules of iron in the muscles of the villi.

Bleeding (bright red) from any orifice of body.

Blood red, easily coagulating to a gelatinous mass.

Leukemia; the blood corpuscles are normal as to quantity but lack color.

To be given in true chlorosis as soon as the general condition has been improved by *Calc. phosph.* (Schuessler.)

Varicose veins, in young persons.

Rheumatic fevers; acute articular rheumatism.

Scrofula; rachitis; periostitis; cancer.

In the beginning of inflammation of the skin or connective tissue.

Telangiectasy; nævus.

Dropsy from loss of blood and other fluids.

TOUCH. PASSIVE MOTION. INJURIES. Top of head sensitive to every jar.

Touch: scalp sensitive; on larynx produces tormenting cough; rheumatic shoulder and arm sensitive; foot sensitive.

Pressure: on stomach agg. gastralgia; diurnal enuresis amel. when pressure of urine is taken off by recumbent position.

Hyperæmia following mechanical injuries.

Injuries: to the eye.

After concussion or a fall: hæmoptysis.

After a sprain of elbow.

In fractures: at the beginning for injury to the soft parts; the adjacent parts are red, hot and painful.

SKIN. Capillary congestion, with burning of skin, agg. from severe exercise or in warm room.

Telangiectasy, nævus. [Nævus on r. temple. Flour. ac.]

In beginning of measles.

Measles with conjunctivitis and photophobia (35 cases).

In beginning of small-pox, with violent fever and cerebral congestion.

Erysipelas with intense fever and inflammatory symptoms.

STAGES OF LIFE, CONSTITUTION. Leuco-phlegmatic temperament.

Young people, varicose veins.

Boy, æt. 5 years, very bright and shrewd; diphtheria.

Boy, æt. 5, very fair; pleurisy and rheumatism.

Girl, æt. 12, mother, æt. 20; headache.

Girl, æt. 17; attacks of nausea.

Young lady, nervo-sanguine temperament; diphtheria.

Miss C., æt. 22; headache during catamenia.

Woman, æt. 29; sanguine temperament, after drinking cold water while overheated, five years ago; dyspepsia.

Mrs. Z., æt. 35; rushes of blood to head.

Woman, æt. 37; nervous temperament; acute rheumatism.

Woman, in third month of pregnancy, has suffered at times for many years; headache.

Workman, æt. 39; unable for a long while to raise up his arm. [Cured three cases, after Sang., though well indicated, failed.]—ED.

A woman, æt. 49; left-sided pneumonia.

Old maid, æt. 75; chronic diarrhœa.

RELATIONS. Compare: in fevers *Acon.* (more bounding pulse) and *Gelsem.* (more flowing pulse); in cough with spurring urine. [*Caut.*, *Puls.*, *Verat. a.*]

Compatible: *Kali mur.* (croup, pneumonia, palpitation, typhus; *Kali phosph.* (colic, threatened gangrene); *Calc. sulph.* (hip-joint disease); *Calc. phosph.* (chlorosis, hæmorrhoids); *Calc. fluor.* (hæmorrhoids, nævus); *Nat. sulph.* (diabetes); *Ant. tart.* (capillary bronchitis).

—Guiding Symptoms, Vol. V.

[This is a fair beginning. A good proving with the potencies that would replace the names of diseases and pathological conditions with reliable symptoms, would confer a boon on the busy practitioner.]—ED.

ASPHYXIA NEONATORUM.

ACONITE.—Child is hot, purple-hued, pulseless and breathless, or nearly so.

ANTIMONIUM. TART.—Much rattling of mucus; pale, with gasping, pulseless.

BELL.—Face very red and the eyeballs are greatly injected.

LAUR.—Blueness of face, twitching of muscles of face and gasping with rattling breathing.

OPIUM.—Pale and breathless, cord still pulsates.—Hom. Phy.

Clinical Medicine.

TREATMENT OF CYSTITIS.

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The treatment of diseases without having a patient from whom to get the symptoms, is one of the anomalies of our school. When we speak of cystitis, we suppose that the human bladder is sick. Of course, any of the thousand and one remedies may possibly possess symptoms relating to, or in rapport with, the symptoms manifested by the pathological changes that have taken place. In this paper I will not attempt to treat cystitis, but I shall point out the remedies that produce in the healthy the greatest number of cystic symptoms, and leave you to select them in such sick conditions, where the greatest force of the disease seems expended upon the urinary bladder. If you do not find the remedy in this sketch, you know where to seek for it.

FEVER SYMPTOMS.

High fever, restlessness, great thirst.—Acon.

Fever, great restlessness, cold perspiration, face and extremities cold.—Ars.

High fever, little thirst, skin inclined to moisture, face red.—Bell.

Great thirst, but drinking and sight of water increases pain. Vomiting and nausea.—Canth.

In old people and chronic cases where inflammation has subsided and blennorrhœa remains.—Carbo v.

After the alleviation of the most violent symptoms.—Col.

Inflammation gradually increasing in intensity.—Hell.

Great thirst, dry tongue and delirium.—Hyos.

Fever with chilliness.—Merc.

Feverish and sleepless during the night.—Sulph.

High fever and gastric derangements.—Tarent.

DYSURIA. URGING.

Constant urging, but afraid to urinate on account of the pain.—Acon.

Frequent and burning.—Apis.

Burning pain at commencement.—Ars.

Constant urging to urinate, especially at night.—Cann. sat.

Violent tenesmus, ineffectual urging.—Canth.

Urging to urinate after voiding it.—Chim.

Chronic cases, with constant desire deep in abdomen.—Dulc.

Constant desire to pass water, with aching and cutting in the bladder.—Eupat. purp.

Constant desire to urinate, causing spasms (See Elater).—Hell.

INEFFECTUAL URGING.

Constant urging, passing into retention. Frequent urging to urinate, causing one to retain the urine.—Lyc.

Violent urging, urine flows in thin stream.—Merc.

Frequent urging, with violent pains during and after.—Nux v.

Constant urging to urinate, with violent pains in glans penis.

Straining until cries out.—Par. b.

Severe straining after the last drops have been voided, or a little before.—Populus.

Urging to urinate, especially at night.—Sep.

Constant desire to urinate day and night.—Sulph.

Great urging from spasmodic pain.—Tarent.

Frequent urging, with little discharge.—Uva.

Dysuria of teething children. Child cries when urinating; frequent urging.—Erig.

MICTURITION.

Painful, difficult, scalding hot; sometimes only drop by drop. Child catches penis and cries.—Acon.

Frequent and burning, passing only a few drops. Difficult urination of children.—Apis.

Inability to void urine.—Ars.

Slow and thin stream.—Camph.

Burning smarting in urethra; passes only drops of bloody urine.—Cann. s.

Violent ineffectual urging, with drop discharges.—Canth.

Frequent and profuse discharge, loaded with mucus.—Chim.

Cutting drawing through the urethra while urinating.—Con.

Drop discharges with painful pressing down.—Dulc.

Micturition so painful causes some degree of convulsions.—Elat.

Child cries when urinating; discharge increased; strong odor.—Erig.

Most excruciating burning and smarting in the urethra during urinating; passes few drops at a time; tries it often.—Eup. p.

Little urine is voided.—Hell.

Discharge of offensive mucus during micturition in catarrh of the bladder. Burning, with ineffectual urging.—Lach.

Burning during micturition.—Lyc.

Urine flows in thin stream or only drop by drop; contains mucus, blood, or pus. Sweat breaks out.—Merc. s.

Violent pains during and after urinating, which is very scanty. Constrictive burning in urethra while urinating.—Nux. v.

Painful cutting and feeling of constriction and strangulation at neck of bladder while urinating; frequent and profuse discharge of clear white or straw-colored mucus.—Polyg.

Periodical discharge of mucus with the urine; sometimes pieces of coagulated mucus clog up urethra.—Sep.

Urine mixed with mucus or blood.—Sulph.

Excruciating pains and impossibility to pass a drop of urine. Passes only drops of dark, red-brown fetid urine.—Tarent.

Urine yellow; deposits a tough mucus; sometimes blood and mucus are voided at the same time, with great straining.—Uva.

MICTURITION.—SYMPTOMS.

<i>Before.</i>	<i>During.</i>	<i>After.</i>
Burning pain at the commencement.—Ars.	Cutting drawing thro' urethra.—Con.	Burning, stinging pain in region of bladder.—Canth.
Burning and stinging pains in region of bladder.—Canth.	Pains so violent as to cause convulsions.—Elat.	Urging to urinate after voiding it.—Cinch.
	Child cries.—Erig.	
	Most excruciating burning and smarting in the urethra.—Eup. purp.	Sharp stitches shortly after in neck of bladder.—Con.
	Burning.—Lach., lyc.	
	Violent pains.—Nux.	Violent pains.—Nux.
	Painful cutting and feeling of constriction and strangulation.—Polyg.	Painful cutting and feeling of constriction and strangulation.—Polyg.
		Severe tenesmus after last drop.—Populus.
	Tenesmus and stinging in neck of bladder.—Puls.	Tenesmus and stinging in neck of bladder, continuing awhile after.—Puls.
	Chilliness and heat in the head.—Sep.	Chilliness and heat in head.—Sep.
	Sweat breaks forth.—Merc.	
	Pain extends all over abdomen.—Col.	Burning in urethra. Pain continues until a new urging ensues.—Sulph.
		Burning and cutting pain.—Uva.

CHARACTER OF THE URINE.

Urine scanty, high-colored, hot, red, bloody.—*Apis*.

Urine turbid, mixed with pus and blood.—*Ars*.

Urine hot and fiery red, clear at first, but becoming turbid on standing.—*Bell*.

Bloody urine.—*Cann. sat*.

Saturated dark; discharged in drops.—*Canth*.

Urine loaded with mucus.—*Chim*.

Urine turbid when first voided.—*Col*.

Drop discharges mixed with mucus and bloody lumps.—*Dulc*.

Strong odor.—*Erig*.

Urine turbid.—*Hyos*.

Urine hot, scanty, frequent; flows slowly.—*Kali c*.

Urine almost black, foamy.—*Lach*.

Urine dark, milky, flocculent.—*Lyc*.

Urine contains mucus, blood or pus.—*Merc. s*.

Urine has a strong ammoniacal smell. Contains large quantity of thick, tough mucus.—*Par. b*.

Frequent, profuse, clear white or straw-colored.—*Polyg*.

Urine scanty; containing large quantities of pus and mucus.

—*Populus*.

Periodical discharge of mucus with the urine. Sometimes pieces of coagulated mucus stop the urethra.—*Sep*.

Urine mixed with blood or mucus.—*Sulph*.

Drops of dark red-brown, fetid urine.—*Tarent*.

Urine yellow. Sometimes blood and mucus are voided at same time with great straining.—*Uva*.

SEDIMENT.

Blood and pus.—*Ars*.

Becomes turbid on standing; depositing a copious, slimy, bright red, bran-like sediment.—*Bell*.

Loaded with mucus.—*Chim*.

Deposits on standing a tough, mucous sediment which can be drawn into strings.—*Col*.

Mucous sediment or mixed with bloody lumps.—*Dulc*.

Urine turbid, depositing a mucous or purulent sediment.—*Hyos*.

Deposits a red slimy or purulent sediment.—*Kali c*.

Dark, milky flocculent, depositing a thick, purulent sediment of nauseous odor.—*Lyc*.

Contains mucus, blood and pus.—Merc.

Ammoniacal smell; containing large quantities of thick, tough mucus.—Par. b.

After exposure to cold, urine deposits a slimy sediment which sticks to the vessels.—Puls.

Dark brown, fetid urine with gravel-like sediment.—Tarent.

Urine yellow, but deposits a tough mucus.

NECK OF BLADDER.

Great irritation, with frequent and burning urination.—Apis.

Sharp stitches shortly after urinating in the region of the neck of bladder for many hours.—Con.

Inflammation of neck of bladder. Constant heat at neck of bladder.—Elat.

Violent tearing and cutting in bladder, neck of bladder and urethra.—Kali c.

Painful cutting and feeling of constriction and strangulation at neck of bladder when urinating.—Polyg.

Tenesmus and stinging in neck of bladder.—Puls.

REGION OF BLADDER EXTERNALLY.

Sensitive to touch.—Bell.

Abdomen distended and painful to contact in region of bladder.

Stinging and burning pain in region of bladder.—Canth.

Pressing fulness in region of bladder.—Chim.

Painful pressing down in region of bladder and urethra.—Dulc.

Great soreness in region of bladder when touching it.—Merc.

Distention of lower abdomen; annoying itching sensation in region of bladder; urging to urinate.—Sep.

Bladder seems swollen and hard.—Tarent.

BLADDER INTERNALLY.

Bladder greatly distended and paralyzed.—Ars.

Burning in the bladder and urethra.—Camph.

Intolerable burning pain in the bladder. Cutting through the abdomen. Cutting from kidneys to the bladder.—Canth.

Constant desire to pass water, accompanied by a cutting, aching pain in the bladder.—Eup. purp.

Violent tearing and cutting in bladder.—Kali c.

Catarrh of bladder; feels as if a stone rolled in the bladder.—Lach.

Burning pain in the bladder.—Nux v.

Pains in the bladder.—Polyg.

Catarrh of bladder in old persons.—*Populus*.

RETENTION OF URINE.

Chronic cystitis; unable to void the water. Bladder distended and paralyzed.—*Ars*.

Complete suppression of urine.—*Camph.*, *Cann. sat*.

Retention of urine so that bladder becomes distended.—*Hyos*.

Urging, but impossible to pass water. Child cries and catches hold of abdomen.—*Lyc*.

Excruciating pain and impossible to pass a drop; bladder seems swollen and hard.—*Tarent*.

URETHRA.

Burning in the urethra and bladder.—*Camph*.

Burning and smarting in urethra.—*Cann. sat*.

Spasmodic pain along the urethra into testicles.—*Canth*.

Cutting, drawing pain through the urethra while urinating.—*Con*.

Painful pressing down in the region of the bladder and urethra.—*Dulc*.

Excruciating cutting and smarting in the urethra during passage.—*Eup. purp*.

Violent cutting and tearing in the urethra.—*Kali c*.

Burning pains in the urethra, bladder and kidneys. Contractive pain in the urethra while urinating.—*Nux v*.

After urinating the pains continue in the urethra until a new urging ensues.—*Sulph*.

ESPECIAL REFERENCE TO CHILDREN.

Children reach with their hand to the genitals and cry out.—*Acon*.

Difficult urination of children; urine scanty, high-colored, hot and red. If caused by *Canth*.—*Apis*.

Dysuria of teething children. Child cries when voiding urine, the calls for which are frequent.—*Erig*.

In children, urging to urinate with impossibility to pass it. They cry impatiently and grasp the abdomen. When they pass it, the urine may be pale and clear.—*Lyc*.

CAUSED BY

Cantharis.—*Apis*.

Chill.—*Acon*.

Gonorrhœa.—*Cann. sat*.

Vesical irritation from calculi.—*Erig*.

Syphilitic gonorrhœa.—Merc. s.

Suppressed gonorrhœa with piles and constipation.—Nux v.

Suppressed or visible cutaneous eruptions, with gonorrhœal discharges and piles.—Sulph.

CHRONIC CYSTITIS.

Chronic cystitis, with inability to void water.—Ars.

In old people and chronic cases, where acute inflammation has subsided and old blennorrhœa remains.—Carbo v.

Chronic cases, with constant desire deep in the abdomen to urinate.—Dulc.

Chronic cases with distention of lower abdomen.—Sep.

Catarrh of bladder, especially in elderly persons with ardor urinæ or perfect retention.—Populus.

The local treatment is hot fomentations over lower abdomen, vaginal injections of hot water, and hot water injected into the bladder. The injections do not have to be medicated, still there can be no objection to using the same remedy locally that is being given internally.—Trans. Pa. Society.

HAHNEMANN'S THREE RULES CONCERNING THE RANK OF SYMPTOMS.

CONSTANTINE HERING, M.D.

Hahnemann's advise is, to take all the symptoms of each case, as if it were the only one. Comp. Organon, §83, and following: the same is to be done while proving; write down all the symptoms (Comp. Organon, §§ 138, 139, etc.). In contradiction the common old schools examine each case in order to make a diagnosis and to enable the doctor to tell the patient "what is the matter," and if they talk about the effects of a drug, they ask: "What disease does it cure?" "What pathological generality is its 'character?'" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization; like a portrait painter, he wants a photograph of each single case of sickness. Such symptoms or groups of symptoms as distinguish the case before him from others are the characteristic symptoms he aims at.

The same in proving. We want the characteristic of a medicine, *i. e.*, such symptoms as distinguish it from all others.

Hahnemann's rule sets forth that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to or sneered at, to get what we necessarily must know. It is the same with provings of drugs. By collecting all and every symptom, and particularly the so-called minutæ, we obtain the characteristics. The common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as thing *per se*.

RULE I.—Hahnemann's first rule is, the characteristics of the case must be similar to the characteristic of the drug. (Compare *Organon*, §153, and others.)

This rule has also been expressed in the following words: The symptoms of a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Compare *Archiv*. xl., 3, p. 92.) It is thus the rank, according to which we arrange the symptoms obtained by the examination of a case—the rank, the value, the importance of the respective symptoms of the drug—which decides when, as it will often happen, several different drugs have apparently the same similarity, it is this rank which decides in the selection.

RULE II.—Hahnemann has given us a second rule in his *Chronic Diseases*. We may either adopt his psoric theory or not, but if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success and will be forced to adopt at least all the practical rules contained in said theory.

The pith of this theory is not refuted by the discovery of *acarus scabiei*, nor by the *generativ æquivoca*, nor the contagiousness, nor by the propagation of the animalculæ, nor by anything else [not even by the entire tribe of the bacteria.]—ED. The quintessence of his doctrine is, to give in all chronic diseases, *i. e.*, such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upwards—to give in all such cases, by preference, such drugs as are opposite in their direction, or way of action, such as act

from within outward, from up downward, from the most to the less essential organs, from the brain and the nerves outward and down to the most outward lowest of all organs, to the skin. (Compare Preface to treatise on Chronic Diseases, p. 7, and following.) The metaphysics of our science tell us, that all drug diseases (paranoses) are in their essence and offspring, opposite to the whole mass of epidemic, contagious and other diseases, all of the latter being originated by a conflux of causes (synuoses).

Hahnemann's doctrine of treating chronic diseases, includes another and opposite, viz. : the opposite direction in the development of each case of chronic disease. All the anti-psoric drugs of Hahnemann have this peculiarity as the most characteristic—the evolution of the effects from within towards without. Thus all symptoms indicating such a direction in the cases from without towards within, and in the drugs the opposite from within towards without, are of the highest rank, they divide the choice.

RULE III.—Hahnemann gives us a third rule, which has been overlooked by all the low dilutionists, or is, at least, never mentioned by them, and has even been entirely neglected by the theorists of our school, notwithstanding that, without this third rule, the Homœopathic healing art would be a most imperfect one. This rule enables the true Hahnemannian artist not only to cure the most obstinate chronic diseases, but also to make a certain prognosis when discharging a case, whether the patient will remain cured or whether the disease will return, like a half-paid creditor, at the first opportunity.

Hahnemann states, in his treatise on Chronic Diseases, American translation, p. 171: Symptoms recently developed are the first to yield. Older symptoms disappear last. Here we have one of Hahnemann's general observations, which like all of them, is of endless value, a plain, practical rule and of immense importance.

It might seem to some so very natural that recent symptoms should be the first to disappear, older ones last, that it ought to have been observed by all and every physician at all times. But this is not the case. It was never observed before Hahnemann, nor ever before stated as a rule.

We will here set forth all the consequences of this rule of succession, but first repeat it in another form.

The above rule might also be expressed in the following words: In diseases of long standing where the symptoms or groups of symptoms have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure, the last ought to disappear first and the first last.

Suppose a patient had experienced the symptoms he suffers in the order *a, b, c, d, e*, then they ought to leave him, if the cure is to be perfect and permanent, in the order *e, d, c, b, a*. The latest symptoms have thus the highest rank in deciding the choice of a remedy.

Suppose a patient complains of new symptoms, as it often happens during the treatment of cases of long standing, particularly if we have chosen with great care a so-called anti-psoric medicine, and the improvement has, of course, continued uninterruptedly four, six, eight weeks, after which time the improvement gradually ceases, runs out, and the patient begins again to complain rather more. In such cases we will very often find, if we again take an accurate image of the newly increased diseased state, exactly as we did before, that several new symptoms have appeared. We may represent it by the formula : *a, b, c, d, e*, have lessened, especially *e, d, c*; and now *a, b*, are on the increase again, even *c* reappears; *d, e*, are gone, but another symptom *f*, has been added, or even *f, g*. These new symptoms are always of the highest rank, even if apparently unimportant.

It may be observed that generally they are such as will be found among the symptoms of the last-given remedy, thus the caution may here be in its place, that after such a long interval, or after such a real gain as the disappearance of *d, e*, the same drug will never be of any more benefit, the greatest counter-indication being the new symptoms. Another medicine has to be selected, and one which has *f*, or *f, g*, especially as characteristic.

The practical influence of these three rules of rank proves to be not only a manifold one, but their observance becomes a

characteristic sign of difference between a mere empiric in Homœopathics, a perverted Homœopathician, and a real Hahnemannian. The first will cover symptom by symptom, without knowing or making any distinction ; the second will be satisfied with a few such symptoms as tell him what he calls the scientific character, and enable him to go on the stilts of pathology; the third will observe the rules and heal the sick as Hahnemann did. It is thus worth while to look at them closer, and let them pass before our eyes once more.

RULE I.—According to the first rule, we must inquire not only for the seat of the symptoms, which organ seems to be the centre of the pathological action, but also for the minutiae in locality, notwithstanding their complete unimportance in pathology, viz.: little inflammations on the point of the nose or lobe of the ear may help to indicate *Nitrum*. If any of these sensations of a patient are on one side of the body or the other, if they predominate on one side, or if they pass over from one side to the other, according to this rule we carefully note it down.

2. We further inquire for each kind of sensation with much more accuracy than would be required if we had nothing else to decide than the pathological character; some peculiar sensations, trifles in themselves, may be of importance in the choice of the medicines, even such as are unexplainable by physiology or never taken notice of by pathology, viz.: a feeling as "if drops of water were falling," may help to indicate *Cannabis*.

3. We must inquire for the time of the day when the symptoms of a patient appear to increase, are ameliorated or disappear. This is very often the only criterion by which we decide our choice. Even the hours of the day are very often of a decisive influence, viz., the hours after midnight, one to three, may help to indicate *Arsenicum* or *Kali carb.*; from four to seven in the evening may help to select *Helleborus* or *Lycopodium*.

4. Likewise every function of our body; sleeping or waking, eating, drinking, walking, standing, rest or motion, etc., must be taken into consideration, in so far as they may be one of the conditions of aggravation or amelioration of any of the symptoms of the sick.

5. In the same way all connections of symptoms following

each other or alternating with one another, whether they have a pathological importance or not, are all for us of the highest rank, if, aided by them, we may distinguish one case from another, or one drug from another. The first rule, then, is, that not only the characteristics must be alike, but there must also be a similarity of their respective rank.

RULE II.—The second rule of Hahnemann introduces a kind of distinction between the different medicines which have been proved and applied, which must gradually lead to the adoption of an order of rank among them. It is a similar division to that of the so-called Polychrests. But it is not this alone; the same rule is also of great influence when we arrange the symptoms of the sick.

2. All symptoms of inward affections, all the symptoms of the mind or other inward actions, are, according to it, of much higher value than the most molesting or destructive symptoms on the surface of the body. A decrease or an amelioration of outward symptoms, with an increase of inward complaints, even if the latter apparently are of little importance, will be an indication for us that our patient is getting worse, and we must try to find out, among his symptoms, the leading one, to indicate another, a real curative medicine.

3. Very frequently we will see ineffectual attempts, as it were, of the inward actions, to throw out and bring to the surface that which attacks the center of life. We must try to assist such attempts, but neither by outward applications nor by a mere removal of that which the disease produces, and still less by medicines only similar to the same outward symptoms; on the contrary, we must enquire, principally, for the hidden inward symptoms, and compare them with the utmost care, to find among our medicines such as correspond exactly to the subjective or inward symptoms, and by preference among the antipsorics, i. e., such as act more than others from within towards without. The principal characteristics of the antipsorics were obtained from the sick, and only by the use of potencies. Drugs cannot manifest such most important peculiarities except by high potencies, and with the most sensible persons.

RULE III.—The uses of the third rule of Hahnemann are the following:

1. During the examination of the sick we must enquire as

much as possible, in which order, according to time did the different symptoms make their first appearance.

2. After such a careful and complete examination of a case, we must arrange our collection of symptoms according to their value, that is, their importance as indicative, and we must bring such as have appeared later, in the foreground, of course without neglecting the others and even the oldest. Further, we must compare, when selecting a medicine, and find whether the one to be chosen has a characteristic similarity, particularly with the symptoms which appeared last.

3. If the patient had been drugged by the old school, we must direct our antidotes against the *last given drugs*. For instance, against abuse of alcohol or aromatics, Nux vomica; against tea, Pulsatilla or Thuja; against Quinine, Pulsatilla, Arsenicum, Natrum mur.; against Iodine and Iodide of Potassium, Hepar; against blistering, Camphor; against cauterizing with the silver nitrate, Natrum mur.; against bleeding, purging or losses of blood, Cinchona; against mechanical injuries by stretching (straining), Rhus; by bruising, Arnica; against Chloroform, Hyosciamus.

4. In every chronic case, after a well chosen medicine has had time to improve the case, and ceases to do good, and we have to make a new examination to obtain a full image of the new state of the sick, we must again enquire particularly after newly appearing symptoms. As we will find in almost all carefully observed cases, that the new symptoms correspond to the last applied medicine, and as we know a repetition of the same drug would only aggravate, without giving relief, particularly if general characteristics, viz., with regard to times of day, sides of the body or other localities have changed, or if other general conditions are altered; the new medicines must be chosen with regard to such new symptoms, considering them as the most indicative or of high rank.

5. If we have succeeded in restoring a chronic case of long standing, and the symptoms have disappeared in the reverse order of their appearance, we can dismiss the case with full confidence as being cured, and not being in danger of returning again; if not, we had better tell the patient, even if he should be satisfied with a partial cure, that he may before long, be sick again.

Comment and Criticism.

A CRITICISM.

J. M. SELFRIDGE, M.D., OAKLAND, CAL.

Alameda County Homoeopathic Medical Society, Jan. 10, 1888.

EDITOR ADVANCE.—It may seem unnecessary to call the attention of the members of this society to an article, which I presume all have seen, in the Hahnemannian Monthly for December, 1887, by H. C. French, M.D., of San Francisco, Cal., entitled, "Treatment of Obstructions in the Lachrymal Canals." But when an author airs his *originality* (?) with so much emphasis as has Dr. French in his paper, it not only attracts attention, but also provokes criticism.

I do not claim to be an oculist, and although I lay no claim to any specialty, unless, perhaps, it be general surgery, yet, having studied medicine in all its branches, and having had an experience of thirty-six years in general practice, I may be pardoned if I say that it requires but little thought or investigation to discover that Dr. French has either presumed that his readers are ignorant of the subject upon which he writes, or he himself is not conversant with the literature of his specialty.

To demonstrate the truth of this remark, it will only be necessary to refer to his *original* (?) article, by means of which he has placed himself so squarely upon the record, and then show that he has been guilty of appropriating the thunder of some of the older authors with the hope, it may be, of attracting attention to himself by displaying it as his own original (?) pyrotechnics. To show that I do him no injustice, I quote from his paper. He says: "About ten years ago I turned my back upon the books and *inaugurated a method of treatment* (the italics are ours) in obstructions of these passages, which has, through its simplicity and effectiveness, enabled me to cure a large percentage of cases which in my hands were incurable under any other treatment which I had tried, and the discovery of Cocaine has still further facilitated the curative procedure."

He then goes on to say, "In looking through our standard text-books on ophthalmology, we find their authors without a jar in their unanimity, recommending in all grades and condi-

After severely, and as I think justly, criticising what he calls "Stilling's butchering process," we are treated to the following outburst of *Pharisaical cant*: "I abominate," says he, "the egotistic romance that has so universally disfigured medical journalism, and in this paper record only what I know to be frozen facts." After having read such a statement, a person would almost conclude that his wings of angelic honesty had already begun to sprout.

He then proceeds to demonstrate his claim to original journalism, in the following words:

"If, as is often the case, the stricture is at or near the punctum, I try to introduce a No. 1 or 2 probe, and, failing in this, nick the circular fibres of the punctum with Bowman's knife, just sufficiently to admit a No. 2 or 3 probe * * *."

As this quotation contains the pith of his claim to originality, I will not trouble you with further quotations from his paper, but will remark in passing, that Dr. French must have known that the use of probes for the cure of obstructions in the lachrymal canal, was advocated before he was born, or before Bowman or Stilling originated the "slitting process."

In the winter of 1851-2, just thirty-six years ago, Frank H. Hamilton, then Professor of Surgery in the University of Buffalo, N. Y., following, as he did, the practice that was at that time almost universal, taught his pupils the use of probes for the cure of obstructions in the lachrymal apparatus. He has embodied his instructions on this subject in a few well chosen remarks in his work on Surgery, page 545, where we read, "Chronic thickening of the lachrymal canal yields, in many cases, to well-directed constitutional remedies, among which, improved nutrition, exposure to light and air, and tonics take the first rank. In this, as in all other chronic catarrhal affections, local measures and surgical expedients should be held second and subsidiary to general hygiene. In the event, however, of the failure of these latter measures, the next most proper expedient is dilatation by *bougies* or *probes*."

In Lawrence on the Eye, a standard work in its day, edited by the late Dr. Hayes, of Philadelphia, which was published in America in 1854, on page 910 we read, "The puncta lachrymalia may be contracted; and I have seen this affection proceeding to such an extent, that it was difficult to discern the

tions of obstructions, the prompt slitting of the canalicula from the punctum to the opening of the sac."

situation of the openings. Under such circumstances the puncta must first be enlarged with the point of a pin; we shall then be able to introduce the slender gold probes of Anel, and restore the natural size of the aperture. In introducing these for the purpose either of opening the contracted puncta, or of examining the lachrymal canals, we must bear in mind the exact direction of the tubes."

In surgical literature of more recent date the use of probes for the cure of lachrymal obstructions is advocated. If, for example, we turn to page 177 of the third volume of Agnew's Surgery, published in 1883, we find the following: "In skilled hands an attempt should *always* be made to overcome the stricture and to restore the caliber of the lachrymal passages by dilatation, using for the purpose graduated probes, after the manner already described."

From this examination of the paper of Dr. Hayes C. French, I think, Mr. President, it will not be difficult to find the answer to the following conundrum: Did Drs. Hamilton, Lawrence, Hayes, Agnew, and many others, whose names might be mentioned, borrow their ideas from this gifted author, or did he borrow from them?

DOUBTFUL PHARMACIES.

In the U. S. Medical Investigator Dr. W. P. Roberts, of Evansville, Wis., tells what he saw in a pharmacy:

"Order is Heaven's first law." "Cleanliness is next to godliness." These united we have a high standard of affairs in any department. In the preparing of remedies in the Homœopathic department they are absolute. Anything short of such a combination endangers life, and aborts the best efforts of the most skilful and careful prescriber of the profession. Not long since, I visited one of our large cities, and while there I called upon several of the well-reputed pharmacies. While in one of them, a circumstance occurred that gave me an insight into the inner workings of their laboratory. Here, amid an atmosphere saturated with foul odors, such as volatile drugs, coal-gas, etc., I saw a dirty-looking man sifting from a large box of what purported to be '*pure sugar of milk*,' such as is packed in one pound packages for the trade and used for our triturations. At this combined odoriferous and ocular mani-

festation my soul cried out (or rather whispered within), "Is this the reason of some of the failures in our best efforts to save life and promote the principles promulgated by Hahnemann?" This discovery led me to keep silent and watch further. In another department I heard something as of grinding. I followed the sound and saw several mortars with pestles arranged to move by power other than human muscles. They were in such close proximity that of necessity the dust of the contents together with the dust of the constantly wearing iron gearing must mix each with the other, and when put into packages for the trade, what are we hard-working doctors that strive to be honest dealing out? Surely, these things ought not to be, and I trust will not longer continue,—if our medical societies would appoint a committee to look after such matters that would drop into these shops unawares and keep the profession posted as to our interests. We pay for purity, let us demand it, in the medicines we deal out to the afflicted.—Recorder.

We have numerous pharmacies in the west—Milwaukee, Chicago, St. Louis, Detroit, Cleveland, Cincinnati, all have reliable pharmacies—and a sweeping charge of this kind, where neither city nor firm is given, throws suspicion on all. Give us the name of the unclean place in an honest, straightforward manner, and the profession will see to it that there will be an early house-cleaning. Until this is done, some may be ungrateful enough to say that "it is a dirty bird that befools its own nest."

"ONE" REPERTORY WANTED.

EDITOR ADVANCE.—I have suffered much on account of "Repertories," and it is because of this suffering that I rise to point out two men who seem determined to add to my misery. Guernsey, that noble Roman of Philadelphia, has a scheme with a few splendid ideas in it, and Dr. Gentry, of Kansas City, doubtless another good man, has sent in advance-sheets of a repertory on still another plan. We have the repertories of Jahr, Lippe, Boenninghausen, Allen (T. F.), Wilson, Allen (H. C.), Bryant, Gregg, Hart, Guernsey, Lee and Clark, Winterburn, Worcester and others, not forgetting the one now in process of compilation by the parties on whom the labor devolved at Dr. Farrington's death, nor the *Repertorio Clinico* of Dr. Cigliano. Now, here is a grand contanglement, for no two compilers have followed precisely the same method of arrangement, and the result is, we have no single repertory equal to the occasion, and no doctor equal to all the repertories. I don't blame any one of these gentlemen for making repertories, but I am going to do as they invite people to do in shops: "If you don't see what you want ask for it." Now, what I want is *one* repertory, with *one* arrangement, and I want that repertory to *represent* all the reper-

tories now extant, as well as all the *Materia Medica*s and clinical verifications. Let it cost what it may, if it is made right it is worth all any publisher dare ask for it, and 10,000 copies ought to be sold the first year. I don't know what arrangement would be best for such a work, but I have an idea that under the names of the various *parts of the body* all the symptoms pertaining thereto should appear, and not in part here and in part there. Under the general head of "Pain," "Ache," "Soreness," "Weather," "Day," "Night," "Time," etc., there should appear every symptom connected therewith, and under such headings as "Feet," "Ankles," "Ear—Right, Left"; "Arm—Right, Left," all the symptoms should appear in *one place*. Guernsey's or Gentry's labor-saving arrangement of the Repertory might be all right if they would embody all the repertories and all the *materia medica*s. There are *too many fragments*. Let the profession say what it wants in this respect and some one will produce it. Certainly no one is satisfied with the present condition of things. Winterburn's book is a gem in many respects, but it is full of errors of type, has poor arrangement in places, and is incomplete. Such a repertory as I ask for will not appear this year, so I will buy Guernsey's and Gentry's both, and be glad to get them, but I shall continue to want a *whole one*.

C. M. BARCOCK.

COLUMBUS, Wis., Feb. 17, 1888.

EDITOR ADVANCE.—Dr. Gentry's plan for a new and voluminous general repertory is good, but hardly flexible enough to suit our ever-increasing *materia medica*, unless *interleaved*, when new symptoms, comparisons and verifications could easily be added. Were the text of the *materia medica* as unalterable as that of Scripture, the concordance plan might be better; and as it is, it ought to make a valuable addition to every working library; but would have, perhaps, more of a literary than of a clinical value: serving to help discover new "Keynotes," such as will be forthcoming in the work of the worthy successor of Boenninghausen, E. J. Lee. Dr. Gentry's work will be somewhat like a collection of monographs, whose value has been so well taught us by Bell; but in these proposed volumes one would never feel sure that he had not, in looking in volume v., on the "Nose," missed the very symptom he was after, which might be recorded, in other words, under "Face," or "Respiratory Organs," or "Skin," in some other volume. Again the accidental loss of one volume would disable the entire set, while one small monograph, like Bell's, or a single volume like Lee's, could be easily replaced. In regard to Hahnemann's schema, I find no difficulty in it, especially as improved by Allen, in studying a drug—"getting its picture," so to say. But in the repertory much more condensation is allowed and expected, so that one should be able if necessary, to glance over all the headings in making one prescription, to be sure nothing important is omitted, from being couched in unexpected language; and in a work of many volumes this would be very tiresome, to say the least. With all due respect and admiration for Dr. Gentry, whom I remember to have met at Milwaukee, I beg leave to offer my friendly criticism of his excellent plan.

ERIE, Pa.

EDWARD CRANCH.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—*HAHNEMANN.*

APHORISMS.—For the benefit of the recent graduates entering the door of the profession from our colleges in the year of grace 1888, we commend the following to their serious, earnest and thoughtful attention :

* * *

DON'T fail to read and thoroughly master "Hahnemann's Three Rules," by Hering, which you will find in full on another page. It is as necessary to know how to use a remedy properly, as it is to know how to find it, and these "Rules" teach us how to use the simillimum successfully after we have found it.

* * *

THACKERY says: "Dying for a truth is not so difficult; men of all ages and of all races have done that, but the patient living up to it—aye, there's the rub." That is what is the matter with so many of our weak-kneed Homœopaths. They firmly *believe* in the truth of the law as enunciated by Hahnemann, but the labor required in "the patient living up to it" is often too much of a burden to be borne even for a law in therapeutics.

* * *

DON'T pay any attention to a teacher, or a brother practitioner, who advises you to give Morphine, Quinine or any other palliative, "when the law fails." Those who honestly and earnestly follow the law of cure as practiced by Hahnemann, Hering and Dunham, will not only meet with the best success, but will have little cause to find fault with the methods or the *Materia Medica* of Hahnemann.

DON'T carry a hypodermic syringe in your pocket, nor a Morphine bottle in your case "for emergencies." Rather go armed with a good pocket repertory, like Winterburn or Johnson's Key (10th edition) and, if necessary, use it. Remember, it is always safer to do nothing than to do wrong. If you are in doubt, give the patient the benefit of the doubt; prescribe the second best remedy in the *Materia Medica*, *Sac. lac.*, until you can look up the case. The symptoms of patients cured in this way you will never forget. It is invaluable experience.

* * *

DON'T read allopathic literature to the exclusion of your own. If the empiricism, the polypharmacy, the guess-work of Allopathy be crude, unsound, unreliable, unscientific, as well as lamentably unsuccessful, in what particular is a homœopathic journal made more useful, more helpful, more practical for homœopathic practitioners by filling its pages with *excerpta* from allopathic journals? Are our homœopathic journals doing their duty, their whole duty, and nothing but their duty to their readers when they give them such chaff instead of meat? How many pages of homœopathic excerpts do you find in the columns of allopathic journals? It is not only time and labor lost, it is confusing and demoralizing. Don't do it!

* * *

DON'T cauterize a chancre unless you want a case of secondary syphilis to treat. The system was inoculated many days before the manifestation of the local lesion, hence the cautery cannot cure. The ulcer is only the blossom of the constitutional affection, and like the guide board on an unknown pathway, should be allowed to remain. Treat the constitutional symptoms as advised by Hahnemann, and when the patient is cured the ulcer and everything pertaining to it will vanish, never to return. Being the first symptom to appear, it should be the last to disappear.

* * *

DON'T use medicated topical applications in diseases of the skin. Every skin disease that is curable, may be permanently cured by internal constitutional treatment. The beginning of many cases of malignant disease—tuberculosis, cancer, Bright's disease, Addison's, Hodgkin's, and other forms of pernicious anæmia may often be traced to such mal-treatment. To get

the eruption out of sight by such means may enable you to dismiss the case, but it does not cure the patient.

* * *

DON'T allow yourself to be deceived by the assertion that the dividing line in the homœopathic ranks to-day is "dilutionism." The first, the all-important, the vital question is the selection of the remedy. This must first be done to comply with the requirements of the law. Potency, being only a corollary of the law, is of much less importance to the highest success in practice, than the proper repetition of the remedy after it has been found. When the simillimum is found, the potentized drug acts quickest and surest. But you should catch your rabbit before cooking it.

* * *

DON'T make your diagnosis for the purpose of treating it. That is the method of Allopathy, and is not a factor in the science of therapeutics as propounded by Hahnemann. Nosology is man's arrangement, for man's convenience. The symptoms—subjective and objective—of which the sick complain is the method of Nature, intended for man's guidance in the healing of the sick.

* * *

DON'T be in a hurry in the "taking of a case." Take your time and make the examination as thorough and complete as it is possible for you to make it. A little more time spent in this manner will wonderfully curtail the number of remedies from which a selection is to be made, and in the end secure us our most brilliant results.

* * *

"HOMŒOPATHY IN MALIGNANT DISEASES" is the subject of a thoughtful discourse before the Alumni Association of the New York Homœopathic College, by J. S. Mitchell, M.D. And it is a subject worthy the thoughtful and serious consideration of every homœopathic physician, for with it, sooner or later, every practitioner is brought face to face, and upon his treatment depends the welfare, yea, even the life or death of a patient. Among other things Dr. Mitchell says: "Homœopathy has eradicated all symptoms of syphilis, save the lightest, and absolutely shorn the disease of its ancient terrors. It has shown that persons who have been reared under its benign in-

fluences are rarely subject to inflammatory rheumatism at any period of life. It has almost obliterated puerperal fever from the families of our adherents. It has vastly diminished the prevalence of all the grave lesions, such as phthisis and Bright's disease." And it may reasonably be asked, why may it not do for cancer, tuberculosis, Addison's disease and other forms of pernicious anæmia, what it has done for syphilis and puerperal fever? Its power to curtail the ravages of tuberculosis is only limited by the ability of its practitioners to accurately apply the simillimum. It cannot be done by oxygen inhalation, gaseous enemata, nor any other of the empiric methods of Allopathy. We must cease treating tuberculosis and begin to treat our patients if we would achieve the highest success.

Allopathy with its local cauterizations, may well stand in righteous fear of secondary complications in the treatment of syphilis. Ricord is reported to have said: "I would not have a chancre of the size of a pin's head on my person for all Paris," and yet, as the author of the cauterizing treatment, he has done more than all others to curse the race with its secondary effects; the legitimate effects of suppressive treatment.

Dr. Mitchell further says: "Carcinoma, in its essential nature, consists of cells very like the physiological cells, epithelial and endothelial cells, colorless blood corpuscles and gland cells. It is merely the subsequent specific metamorphoses in these that give rise to disintegration of the part or organ affected." So in all malignant affections. A very slight change in the cell life of an organ or tissue makes all the difference between a benign and malignant affection. The line of demarkation may be very finely drawn, but however slight the changes, Nature never fails to manifest them in the "uncommon, peculiar or characteristic" symptoms presented by the patient. These symptoms, if correctly interpreted, are amenable to our therapeutic measures. By a strict individualization, the single remedy, and the minimum dose, with a correct and rigid hygiene, we can no doubt annihilate cancer and tuberculosis as we have already annihilated other diseases in the families of our adherents. This result can only be attained by "sticking to our text" and leaving the palliative methods of Allopathy to those who already know more than Hahnemann. We must cease to treat syphilis by cauterization; gonorrhœa and leucorrhœa by astrin-

gent injections ; skin diseases by external applications ; nasal and pharyngeal catarrh by medicated sprays and local applications ; intermittent fever by Quinine, etc., etc., and a prolific source of many malignant affections will be speedily removed. By these means, not only our hands, but our consciences, will be clean, and the families of our adherents will furnish the proof of our success. This is the true field for preventive medication.

New Publications.

THE TWELVE TISSUE REMEDIES OF SCHUESSLER—Comprising the theory, Therapeutical Application, Materia Medica and a complete Repertory. Arranged and compiled by WILLIAM BOERICKE, M.D., and WILLIS A. DEWEY, M.D., of San Francisco. Philadelphia: Hahnemann Publishing House. 1888. Pp. 303.

The first hint to be found in our literature of the value of the "tissue remedies" is in Stapf's Archives in 1832, and subsequently in 1846. Grauvogl also refers to them in his text-book. But it was not until March, 1873, that Dr. Schuessler, of Oldenburg, proclaimed their use as a separate system of medication under the title of "A Shortened Homœopathic Therapeutics." The fragmentary evidence scattered through the journals was collected by Hering and published in a small monograph, which ran through several editions. This octavo volume of 300 pages is the most imposing which has yet appeared and faintly foreshadows what may, and no doubt will, appear in the future. The experience of the profession in the use of these remedies which has from time to time cropped out in our current literature, has been carefully collected by the authors, and many valuable and suggestive hints are here presented. But, as the authors say: "The only hope for the future development of these magnificent remedies lies in their study according to the method of Homœopathy."

When each remedy is as carefully and as thoroughly proved as *Calcarea phos.*, *Natrum mur.* and *Silicea*, we shall not only be able to disprove the empiric method of Schuessler, but be much better prepared to combat many affections hitherto considered malignant and incurable. This is by far the best edition of the "tissue remedies" which has yet appeared, notwithstanding much of this is necessarily empirical guesswork. For example: on page 161, "*Natrum sulph.*—Intermittent fever in all its stages requires this remedy chiefly (3x trit.)" because "In ague patients the quantity of water in the blood corpuscles and in the blood serum is increased, and consequently the amount of oxygen taken up by the blood is diminished. *Natrum sulph.* promotes the removal of excess of water from the system." We may be able to demonstrate this theory in the future, but whoever pins his faith and practice to it at the present time will meet many discouraging failures. However,

there are many valuable symptoms and instructive clinical verifications to be found here, and no greater boon can be conferred upon Homœopathy than a united effort on the part of the entire profession to have an early and complete proving of the unproved remedies in the list. Here is a noble work for the State Societies for 1888.

THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. BYFORD, A.M., M.D., Professor of Gynæcology in Rush Medical College, and of Obstetrics in the Woman's Medical College; Surgeon to the Woman's Hospital of Chicago, etc.; and HENRY T. BYFORD, M.D., to the Woman's Hospital of Chicago; Gynæcologist to St. Luke's Hospital; President of the Chicago Gynæcological Society, etc. Fourth Edition. Thoroughly revised, rewritten and enlarged by over 100 pages, with 309 illustrations, 100 of which have been specially drawn for this edition, from original drawings made from life or based on the observations and investigations of the authors; 832 pages. Cloth, \$5; leather, \$6. Philadelphia: P. Blakiston, Son & Co.

This is the "Fourth Edition" of Byford's well-known work, revised, rewritten and brought up to date. In these days of rapid, even wonderful improvement in gynæcology and gynæcological surgery, this bringing of a book of ten years ago up to date practically means a new book, as in no department of medicine or surgery has more rapid advancement been made in the last decade than in gynæcology.

The principal additions are three chapters on Practical Observations on the Anatomy and Physiology of the Female Pelvic Organs, and we are certain that both student and practitioner will find this section of practical benefit; three chapters on the Examination of the Female Pelvic Organs; three chapters on the Displacements of the Uterus; Affections of the Ovaries and Fallopian Tubes; Oophorectomy; Tumor of Broad Ligaments, etc., etc. Nearly every chapter, not re-written, has received material additions and revisions. Over 150 new illustrations have been added, the majority of which being from original drawings made especially for this edition. In fact, so many valuable changes and additions have been made that one accustomed to consult the former editions would not know it in its new dress. The Blakiston publishing house deserves credit for the excellent manner in which they have produced the work.

MEDICAL AND SURGICAL LECTURES ON THE DISEASES OF WOMEN, A CLINICAL AND SYSTEMATIC TREATISE. By R. LUDLAM, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital, Chicago. Sixth edition; revised, enlarged and illustrated. Pp. 1093. Chicago: Halsey Brothers. 1888.

A work so deservedly popular with the majority that it has already exhausted five large editions, certainly does not need a reviewer's notice to attract the attention of the homeopathic profession. Yet, to those who are familiar with the earlier editions of Ludlam's Lectures, a simple announcement of the sixth edition is not sufficient, for they would not recognize the present portly volume of over one thousand pages. It is well printed, with good type, on

tinted paper; a beautiful specimen of the printer's art. The author has been particularly fortunate in his publishing house, as in every way this is by far the finest edition which has yet appeared. But, popular as former editions have been, this standard work needed a revising and bringing up to date; for in the last few years such rapid strides have been made in the surgical treatment of diseases of women, that to be up with the times it needed a thorough overhauling, which evidently it has received. It has not only been largely rewritten, but much valuable new matter has been added.

The author says: "Of the new lectures that were not included in former editions there are, beside the introductory lecture, two upon the Pathology of Ovarian Tumors; one on Exploratory Laparotomy and Tapping; one upon Ovariectomy; one on the After-Treatment and the results of Ovariectomy, and one upon the Diseases of the Uterine Appendages, including the Battey-Tate operation. The surgical treatment of Lacerations of the Perineum and of the Uterine Cervix, and also of Uterine Cancer, have been reconsidered and treated of in the light of increased hospital and special experience."

The "literary baggage" with which so many modern works on gynecology is encumbered is left behind, special care evidently being taken to make this a work for the bedside—largely clinical—a practical guide for the practical man. With this end in view nearly every diseased condition is illustrated by clinical cases. The etiology, pathology, differential diagnosis are very full and complete, so complete that he who runs may read the name of the affection with which he or she has to deal. But from the standpoint of the therapist, notwithstanding the clear and minute manner in which the symptoms of the clinical cases are recorded, there is one weak spot in the book, viz., the author uses the same symptoms from which to select his remedy that he uses in making his diagnosis, i. e., he selects his remedy from pathological indications. Dunham says: "A prescription is always based upon a correspondence of the symptoms of the drugs, with the characteristic symptoms of the case in hand. It follows, therefore, that those symptoms which the prescriber regards as characteristic symptoms, are not at all the same which the diagnostician regards as pathognomonic symptoms; they are not the phenomena from which the malady gets its name, those which depend upon, and indeed constitute, its pathological anatomy." Either Calcareæ, Pulsatilla, or Sulphur, if the symptoms are present in a case, will cure amenorrhœa, dysmenorrhœa or menorrhagia, yet the symptoms by which we diagnose these different conditions are widely different from each other. The terms sometimes used are also too sweeping, too general in their application, for accurate prescribing or fine differentiation in the selection of a remedy. For instance, on page 141: "Belladonna is better adapted to the congestive tendency dependent on the arrest of the catamenial flow than any other remedy." Now it is possible for the author to make an accurate prescription and correctly fit Belladonna to a case from such a general indication. His large experience and his knowledge of *Materia Medica* may help him out; but we venture to say that not one student or practitioner in fifty can do it. Aconite, Cactus, Gelsemium, Veratrum vir., or many other remedies would fill the indication,

as stated, just as well. We are not all Ludlams, hence the author should have given us better indications with which to select the remedy. This is the only part we have to criticise. It is the best and by far the most complete edition yet issued.

A MANUAL OF MEDICAL JURISPRUDENCE, with special reference to Diseases and Injuries of the Nervous System. By ALLAN MC-LANE HAMILTON, M.D., one of the Consulting Physicians to the Insane Asylums of New York City. Illustrated. Second edition revised. Fourth volume of the series of Medical Classics. Octavo; pp. 380. Price, \$2.75. New York: E. B. Treat. 1887.

In this volume Dr. Hamilton has given us a clear, concise, plain and practical treatise on Medical Jurisprudence, for which he will receive the thanks of the profession. The illustrative cases are largely drawn from American authorities, which at least is a new feature, if not an improvement, in works of this kind. The work is divided into the following subjects: Insanity in its Medico-Legal Relations; Hysteroid Condition and Feigned Disease; Epilepsy; Alcoholism; Suicide; Cranial and Spinal Injuries. In view of the many suits for damages arising from railroad collisions and the numerous decisions of our courts cited in the work, these two chapters on "Cranial and Spinal Injuries" are of especial value to the medical profession.

MATERIA MEDICA: PHYSIOLOGICAL AND APPLIED. Vol. I. Pp. 726. London: Truebner & Co. 1884. Boericke & Tafel, American agents.

This work consists of six monographs or essays, as follows:

Aconitum. By R. E. Dudgeon, M.D.

Crotalus. By J. W. Hayward, M.D.

Digitalis. By F. Black, M.D.

Kali Bichromicum. By J. J. Drysdale, M.D.

Nux Vomica. By F. Black, M.D.

Plumbum. By F. Black, M.D.

These monographs are excellent ones of the kind, probably the best to be found in our school. But they are written on the Pathological basis; a kind of stepping-stone by which our allopathic brethren may climb the homœopathic ladder. For instance, in the introduction the authors say: "Our aim should be to exhibit in their completest form the pathogenic action of drugs, described as far as possible in the same way as diseases are described." Further on, in combating the use by the old school of such terms as emetic, cathartic, narcotic, etc., as applied to drug action, the authors again say: "We have, for example, as pathogenic action of drugs: erythema, eruption, vesication and desquamation, inflammation, and finally, gangrene of skin and external parts; boils, phlegmous and abscesses; inflammations of all organs and parts of the body, gastritis, enteritis, peritonitis, etc. * * * Who shall classify the dysæsthesia of Aconite; the anæmia of Silver; the paralysis of Arsenic; the delirium of Belladonna; the pruritus of Sulphur; the amaurosis of Tobacco; the cholera of White Hellebore?" "We have here a list of drug effects far surpassing in importance, extent and variety the few classifi-

able actions of medicines consisting of a *plus* or *minus* activity of certain functions. These effects are also truly pathogenic, and cannot be described except in terms of special pathology, and are therefore specific diseases produced by the specific power of the particular drug." This evidently means, if it mean anything, that drugs produce specific diseases, while Hahnemann distinctly insists that they produce disturbances of health manifested by symptoms. This marks the broad difference between prescribing for a disease and prescribing for a sick patient, the former being the teaching of Hughes, the latter of Hering. The plan is that upon which the Cyclopædia of Drug Pathogeny is based, only it is much more complete and comprehensive.

Societies.

TRANSACTIONS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

WM. JEFFERSON GUERNSEY, M.D., SECRETARY, PHILADELPHIA.

The Hahnemannian Association of Pennsylvania met at the Continental hotel Tuesday, February 15th. The president being absent the vice-president, Dr. C. Carleton Smith, of Philadelphia, occupied the chair. Dr. Smith gave a dissertation upon paragraph 275 of the *Organon*, and the Doctor referred at some length upon the advisability of using minute doses.

§ 275. The fitness of a medicine in a given case of disease, does not depend alone upon its accurate Homœopathic selection, but also upon the requisite and proper size, or rather minuteness, of the dose. *Too strong* a dose of medicine, though quite homœopathic, notwithstanding its remedial nature, will necessarily produce an injurious effect. Its quantity, as well as its homœopathic similarity, will produce an unnecessary surplus of effect upon the over-excited vital force; which, in its turn, acts upon the most sensitive portions of the organism, already most seriously affected by the natural disease.

DISCUSSION.

Dr. Edmond J. Lee: "A dose can't be reduced."

Dr. Smith: "He speaks of the 'largeness of a dose.'"

Dr. Lee: "Don't he refer to a high or low potency as he speaks of strength?"

Dr. Smith: "I should take it that there is no reference to the potency."

Dr. Geo. H. Clark: "I think he means you may give too much at a dose."

Dr. Lee: "He says 'taking minute doses,' and I believe he means the potency—the 'dose must be just sufficient to cure.'"

Dr. Smith: "Some physicians won't give but one globule."

Dr. Lee: "Do you think it would be different if put in water and given in spoonfuls?"

Dr. Smith: "I think it would as it covers a larger surface."

Dr. R. B. Johnstone: "I had a letter from Dr. S. A. Kemble, of Boston, enclosing one from Dr. Wm. P. Wesselhoëft, in which the latter says he had

given Spongia tin. in a case which grew worse and then one dose of cmm., but it was worse still; he then dissolved the same remedy in water, when improvement set in at once. Now, this could not have been if it was as you say."

Dr. Smith: "As there is more surface covered in giving the remedy in solution there is more action."

Dr. Geo. H. Clark: "In a patient suffering from Mercurial poisoning you have a constant dosing with the drug to contend against, as it is in the system and never leaves."

Dr. J. V. Allen: "Well, I will risk my patient's life with a high potency antidote."

Dr. Johnstone: "I consulted Dr. Biegler once relative to myself, and on looking into my mouth he ordered all the amalgam fillings removed and was quickly cured."

Dr. Allen: "Can any one here tell me about their experience with phagadenic chancres? I know a man who would join this association but for the fact that he will not give up local measures for this disease, believing it the only cure."

Dr. Clark: "I saw a man having lupus which in twenty-four hours after taking Lycopodium stopped entirely and left a defined line where it had extended."

Dr. Johnstone: "I once had charge of a gang of Italians and treated among them many cases of phagadenic chancre.. I used nothing but the indicated Homœopathic remedy and high potency. A good many received Coral. rub. on account of the excessive tenderness, and that remedy in the 50m to cm. potency would stop the destructive process in twelve hours.

Dr. Horace Still, of Norristown, who had been appointed to prepare a paper on some remedy, was unable to attend, but sent an article on Ambra grisea, which was read.

Dr. Lee: Wiesbaden causes the hair to grow, and people who bathe in it first lose the old hair and then a luxuriant growth appears. In regard to the symptom of passing more urine than there is water drank Animon., Aur., and I think Alum., have it.

Dr. Johnstone: What remedy has sensation as though the object was moving before the eyes?

Dr. Clark: Physostigma.

Dr Lee: Agaricus, Jaborandi.

Dr. Clark offered a resolution that members of the I. H. A. be admitted to active membership on unanimous vote. Also that motions to amend constitution be required to lay over but one month instead of two. Tabled (according to constitution) until April meeting.

A letter was received from Dr. Lawton (who was expected to present a paper) regretting his absence.

A minute relative to the death of Dr. Ad. Lippe (which had been published in the Philadelphia Ledger, MEDICAL ADVANCE and Homœopathic Physician) adopted at a special meeting, was reported.

Adjourned.

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The sentiment was fittingly responded to by Drs. Polhemus, Mertzman, Gamber, Morgan and Crippen.

The

Medical Advance

VOL. XX.

CHICAGO, APRIL, 1888.

NO. 4.

Clinical Medicine.

MALIGNANT DIPHTHERIA.

W. S. GEE, M.D., HYDE PARK, ILL.

On Monday, Nov. 8, 1886, I was called to attend Miss K., a kindergarten teacher and 25 years of age. The mother stated that the patient had been at her chosen profession until the Saturday previous. On Sunday she went down stairs complaining of "sore throat, fever, and a bad breath." The mother prescribed Merc., three doses, which she took with no apparent benefit. The patient was in bed, skin dry, pulse rapid, temperature 104. She said her throat was sore first on the left side, tender to touch, and very much swollen. When swallowing sensation as of a lump in the throat passing downward but returning again. Odor was offensive and quite perceptible. Tonsils much swollen, soapy saliva in the throat. Lach. cm., one dose and Sac. lac.

Evening.—Temperature 105, pulse rapid, patient more uncomfortable, restless, anxious, same throat symptoms, with membrane on the left tonsil extending toward the right side. Odor more offensive. Thirsty but has great difficulty in drinking. Lach. 30, two powders on the tongue one hour apart. As I was not to see the patient again soon left a powder of Aconite 30, to be used in water if the other medicine did not relieve her after a few hours. The Lach. seemed so well indicated that

a lower potency was tried before using another remedy, but as has happened too many times it was loss of time to use another potency when the old reliable cm. refused to act.

Nov. 9th., Morning.—Had a restless night. Could not sleep. Temperature, 103. Patient appears careworn, pale, exhausted, voice lost, odor worse, cannot take food. No deciding symptoms existing, and not wishing to develop new and confusing conditions, Sac. lac. was given.

Evening.—Patient very much exhausted. Had a fainting turn during the day. Pulse weak and rapid. Throat seems to be much worse. Membrane on both tonsils and uvula is firm, grayish-white or ivory-like in appearance. Has taken no food except milk with alcohol. Patient is *restless, anxious*, thirsty but cannot swallow the water, as it returns through the nose. Odor extremely offensive. Arsenicum cm. (Skinner), one powder on the tongue and Sac. lac. Left another powder to be given during the night if the patient was restless and unable to sleep, with no positive sign of improvement.

Nov. 10th.—Patient slept for a few minutes and was again restless on waking so that at 3 A.M. the second powder was given when she again dropped to sleep and did not wake for one hour—the first good sleep for three nights. Expression better. Odor so offensive as to be perceptible when opening the front door, three rooms away. Was obliged to keep the doors and windows partly open. Complete aphonia. Pulse better, feels better. Sac. lac.

Evening.—Passed a better day. Sac. lac.

Nov. 11., Morning.—Temperature 101. Slept one whole hour during the night and at other times, a few minutes at a time. Severe cough was noticed at this visit and on careful inquiry was found to have been developing for several hours.

Evening.—Took her milk with better relish. An eruption is on the upper part of the body. No fainting turn. Sac. lac.

Nov. 12th.—Odor most terrible, scenting the whole house. Slept some during the night. Whole throat seems to be filled with membrane and “soapsuds.” Aphonia, less cough, feels stronger. Sac. lac.

Evening.—Passed a fair day. Sac. lac.

Nov. 13th.—Odor indescribable. Is coughing and expectorating large pieces of membrane tinged with blood. Had some

use of her voice. Says she always seems worse on waking, from the accumulation of mucus. It nearly chokes her. Sac. lac.

Evening.—Had a violent coughing fit during the day, after which she fainted, frightening the friends greatly. Arsenicum cm., one powder, and left another to be given during the night if required.

Nov. 14th.—Had a fair night but thought best to give the powder left and gave it toward morning. Odor not so bad. Aphonia; throat appears much better. The measly looking rash is now all over the body. Right tonsil clearing rapidly, uvula shows raw purplish borders. Patient seems brighter. Sac. lac. (The friends have just received a letter stating the probable source of the disease. The kindergarten building had a basement in which there was water standing and the sewage also backed up into the basement. The janitor's child and four others have died of "malignant diphtheria" and the school is closed.)

Nov. 15th.—The eruption has annoyed her very much and itches most on palms and soles. Is depressed and cries because of this disturbance. Sac. lac.

Evening.—Eruption itches less on exposed parts. Dropped to sleep about 4 P. M., and has been drowsy since. Cries and thinks she will not get well. Pulsatilla cm. (F.), one powder.

Nov. 16th.—Had a good night, takes her food and the throat is rapidly clearing. From this time no medicine was required but great caution was enjoined to have the patient lie with the head low until sufficient strength had returned to allow her to sit up with safety. She made a good recovery, without paralysis, much to the surprise of all her friends.

The object in reporting this case is to put on record the symptoms, course and recovery of a case of malignant diphtheria under homœopathic treatment. The diagnosis I think no reasonable physician will question, but as additional evidence, appended is a statement from a physician who saw the patient with me:

DEAR DOCTOR.—I regard the case which I saw with you as one of diphtheria of the most malignant type, and had not the closest attention and skillful care been given, Miss K. would surely have fallen a victim to the dreadful scourge. The extremely offensive odor, and the unmistakable fragments of membrane which the patient was expectorating, as well as the appearance of the throat, would be sufficient evidence to convince the most skeptical as to the correctness of the diagnosis. Yours truly, C. B. HALL, M.D.

It is an "allopathic expedient" to question the diagnostic ability of the successful prescriber. But the time has come when our representatives are such adepts in that line as to win laurels, and the reflection now is upon the accuser, and not the accused, as might have been when our physicians were not so well educated. If Hahnemann cured cases where we fail let us be just and say it was because of greater power of perception and superior prescribing ability.

The physician encounters no more dreaded disease than diphtheria in a malignant form, and the treatment is always of interest to him. No time is to be wasted as the destructive course is very rapid. The patient dies but once, and one mistake at a critical moment may decide the result. When the remedy has been chosen it requires a thousand times more courage to let it alone, than to give more medicine of the same or another kind. The almost irresistible inclination is to give more, and the more critical the case and the greater the necessity to withhold the remedy, the greater the impulse to interfere. The local marked symptoms apparently indicated Lachesis, and that remedy was given in the cm. and later in the 30th, but with no perceptible effect. In my haste to get the curative agent and taking *prominent* but not *peculiar* symptoms into special consideration, Aconite was given without the slightest apparent effect. When the best course had been adopted Sac. lac was given until a remedy was clearly indicated. The curative remedy was indicated by those most important, viz., the mental symptoms. Next, the peculiar symptoms in other parts of the body. While no very marked throat symptoms indicated the remedy, certainly none of value contraindicated Arsenicum, hence that remedy must have accomplished the cure as the result has shown. We are frequently confronted by statements from men of learning and prominence, and who claim some allegiance to Hahnemann, that diphtheria is an exceptional disease requiring different treatment. Every physician has a right to his individual opinion in practice as in politics, but has he a right to practice Eclecticism and defend it as a part of Homœopathy? If he does not in his heart believe the homœopathic treatment is best would it not be more honorable to join the Eclectics? He would then be allowed to use whatever means he chose without deceiving himself, the profession, and

the public. If we could not subscribe to the rules and creed of the Presbyterian church, would it not be more honorable to join the church of our choice than to try to bring the church to our faith and practice? Shall we be traitorous to the church which holds the doctrines so dear to its loyal members? Let us think well of our responsibility and be loyal to Hahnemann, to the public, and to *each other*.

From careful study, close observation, and having faithfully tried eclectic methods of treatment in this disease, such as sprays, gargles, Phenique, the mercurials, and other "highly recommended" methods, I must say frankly that a close adherence to the homœopathic method of treatment gives the best results. We have seen patients die under the different methods adopted, but the painstaking study of the patient and remedy rewards the physician and saves the patient when other means fail.

A few hints on remedies most frequently indicated may be serviceable.

The first question of importance in the selection of the remedy is:

Which side was first sore?

If both sides are involved, the answer to this question will start you in the direction of the remedy.

What sensations in the throat?

Dry, or an excess of saliva?

Sensitive on pressure on the outside?

How affected by eating and drinking, cold and hot food or drinks?

Then add to these all other symptoms of a "peculiar, prominent, and uncommon" character, such as high fever but absence of thirst (Apis., Gel., Puls.), and the selection is easy in most cases.

If the *subjective* symptoms began on the left side then either Lachesis, Apis, or Sabadilla will likely be the remedy, the frequency in the order given.

A case just treated will serve to illustrate.

Mrs. G. was confined on February 11th, and recovered slowly until the 11th day when in some unaccountable way she became chilled and had fever following. The throat soon began to trouble her on the left side. Sensitive to touch on the

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MALIGNANT DIPHTHERIA.

W. S. GEE, M.D., HYDE PARK, ILL.

On Monday, Nov. 8, 1886, I was called to attend Miss K., a kindergarten teacher and 25 years of age. The mother stated that the patient had been at her chosen profession until the Saturday previous. On Sunday she went down stairs complaining of "sore throat, fever, and a bad breath." The mother prescribed Merc., three doses, which she took with no apparent benefit. The patient was in bed, skin dry, pulse rapid, temperature 104. She said her throat was sore first on the left side, tender to touch, and very much swollen. When swallowing sensation as of a lump in the throat passing downward but returning again. Odor was offensive and quite perceptible. Tonsils much swollen, soapy saliva in the throat. Lach. cm., one dose and Sac. lac.

Evening.—Temperature 105, pulse rapid, patient more uncomfortable, restless, anxious, same throat symptoms, with membrane on the left tonsil extending toward the right side. Odor more offensive. Thirsty but has great difficulty in drinking. Lach. 30, two powders on the tongue one hour apart. As I was not to see the patient again soon left a powder of Aconite 30, to be used in water if the other medicine did not relieve her after a few hours. The Lach. seemed so well indicated that

outside, saliva free, soreness extended to the right side. *Lachesis* cm., one dose. No improvement followed and the swelling was increasing on the right side. *Lachesis* 30, three doses. No effect, disease progressing. No thirst. *Apis* 30. No effect.

As the case was one I could watch closely I resolved to let the patient do part of the investigating and instructed her to observe the effect when taking liquids, solids, cold and hot food and drink, and report.

Some indefinite answers were given, but as nothing positive could be elicited the disease progressed until the patient was obliged to stop eating. She then noticed a great relief from swallowing hot drinks. Now we have a group: Sore throat beginning on left side and extending to the right, relieved by taking warm drinks. *Sabadilla* 1m, one powder in three teaspoonfuls of water, one teaspoonful every half hour until all are taken. Medicine taken about 3 P. M., and reported that within one hour she noticed a great relief and her supper "slipped down" surprisingly easy. No other medicine was necessary and she thought her throat was well next morning. Until taking the *Sabadilla* the disease was steadily progressing.

Lachesis has "aggravation from hot drinks."

Sabadilla "can swallow warm food more easily, in sore throat. Desire for hot drinks."

If the sore throat begins on the right and extends to the left side, probably *Lycopodium* will be the remedy. This is more likely to be the case in diphtheria than in the acute angina, for here *Belladonna* will more often be called for, and the more pain on swallowing, the more severe the attack, with dryness and spasmodic constriction on swallowing, the more likely to need *Belladonna*.

Do not adopt the slovenly, pernicious habit of giving *Belladonna* and *Mercurius* (in any form) in alternation.

When *Belladonna* is indicated the throat is nearly always *dry*.

When *Mercurius* is indicated there is excess of saliva.

This differentiation will, in the majority of cases, enable the prescriber to decide.

We use *Mercurius* and think it promotes suppuration, and if this is true and it is given when not indicated and in doses sufficient to produce a pathogenetic effect on the impressible disturbed nervous system, and if the theory is correct that the

membrane in diphtheria is organized fibrin thrown out as the result of the inflammation of the tonsil, then what effect may the Mercurius have in such cases? Suppose we stay on the safe side and give it only when positively indicated, even if we can not prove that the deleterious effect, indicated above, actually occurs.

Mercurius bin. is a left-sided remedy, and the Mercurius prot. is right-sided.

MERCURIUS SOL.—HERPES ZOSTER.

Miss Mary K. had complained of a pain in her left side, and placed her hand on the chest under the left arm. This pain had been obstinate and she had been treated by one of our Chicago "Professors," but it remained unchanged. "Did he examine the part?" "No, he gave medicine but it did not relieve me."

On examination a typical case of "Shingles" was discovered. The eruption was worse from bathing and she did not like to take a bath. She felt uncomfortable after it. From these few hints Sulphur was given her with instructions to study the peculiarities and report again soon.

No improvement followed, but she said that the eruption was worse when warm in bed. That she was annoyed very much at night because of it. This was a hint to study Mercurius sol., and these hints were found in that study:

"Herpes surrounded by a border of large scales.

"Herpetic spots and suppurating pustules sometimes running together forming dry and scaly spots, or crusts, and acrid discharges."

These symptoms were then found to be present although not before observed. This is one of the many advantages derived from a study of the case before the patient leaves the office. I would here say to our timid young doctors: Have a little room aside into which you may dodge to prepare the medicine and at same time scan the repertory and materia medica and, while slowly preparing the remedy, ask the necessary questions to gain the distinguishing symptoms.

If visiting, and have not the courage to take the books along, and you are not sure of the remedy, tell the friends that as you have not the remedy at hand in the form you wish to use, they must send to the office for it. Then you have an oppor-

tunity to study the case at the office before prescribing. By this means you acquaint them with the location of your office and make them familiar with your office hours.

Mercurius sol. 6x was given the patient—one powder three times a day until some signs of improvement were manifested. She soon reported improvement in the disappearance of eruption, but had much pain in the same locality. In fact, she thought the pain grew worse as the eruption receded. What shall be done now? Have we an aggravation? If so Mezereum is probably needed, as that is more likely to be the appropriate antidote here as it also has "neuralgia and burning after Zona," and is the antidote of Mercurius. After closer questioning, there did not seem to be good evidence of an aggravation, but the curative action had ceased. To clear up the case a dose of Mercurius sol. rom. was given on the tongue. The next report was most satisfactory as the pain had entirely subsided although she had been much in the night air and no disturbance had followed.

CISTUS CANADENSIS.—SORE THROAT.

John A—— presented himself at the office on the morning of Nov. 7, 1886. He was a machinist and while at work had become much heated. As the result of too rapid cooling he had suffered for three days with sore throat. The difficulty was growing worse very rapidly and he had great trouble in making himself understood. He experienced great difficulty in swallowing, even liquids, as they returned through the nose. He could not sleep, night or day. The bowels had not moved for eight days. With much difficulty he opened his mouth sufficiently to get a glance at the internal surface of the mouth and throat. The jaws seemed to be locked; the tonsils were very much swollen and, with the tumefaction of the uvula, about filled the mouth and throat. A pronounced odor was present but no membrane was in view. He complained most of *dryness of the throat, much aggravated by breathing cold air.* This condition had been persistent and was growing more severe. *The dryness was unbearable,* and to relieve it he was obliged to swallow saliva or other liquid, although swallowing gave him great pain. The greatest pain was on *first swallowing* as the liquid made the throat feel better. The narrowed canal

would not allow the food to pass downward except when bending the body in unusual positions.

By the aid of Lippe's Repertory, the remedy was found to be *Cistus can.* The study of it as given in Hering's Condensed, confirmed the selection. There we find:

"Sore throat from inhaling the least cold air, not from warm.

"Must swallow saliva to relieve the unbearable dryness, especially during the night.

"A dry spot in the throat . . . must get up and drink ; better after eating.

"Sleeplessness from dryness of the throat.

"Eating and drinking relieve the dry throat."

He was given three powders of *Cistus can.* 200. (B. & T.) One powder was to be dissolved in three teaspoonfuls of water, one teaspoonful at intervals of fifteen minutes until all were taken. An interval of three hours was to follow, and if not improved the second powder was to be used in the same way, and so with the third if necessary. He reported next day, much improved. The second powder had been taken but not the third. He had slept during the night in bed. Convalescence was uninterrupted and he was discharged Nov. 20th.

The great value of *Cistus can.* has been overlooked, and this confirmation of the symptoms has been a source of gratification.

RUMEX CRISPUS.—PRURITUS.

Dr. W. called to see me and said his wife had "hunted high and low" for a remedy, and, although she usually hit the mark, she could not cure him.

"I have such itching on retiring that I am almost driven wild with it. It begins as soon as I take my clothing off and continues until I get warm in bed."

"Well, Sir, do you remember that as a characteristic of *Rumex*?"

"No."

"Have you taken it?"

"No."

He received some of the 200th, and his wife wrote later :
"Your *Rumex* cured the Doctor."

Remember, skin and mucous membrane symptoms of *Rumex* are, *worse from cold air, and better when the air is warm.*

TWO CARBO VEG. CASES.

D. C. MC LAREN, M.D., NASHVILLE, MICH.

CASE I.—Summoned in consultation to a bad case of stomach trouble. I found a woman of forty or thereabouts suffering with severe pain in the stomach, of a burning character, much exhausted with continued vomiting of slimy mucus, white and green. The face was somewhat flushed with the severe efforts at emesis; she desired to be fanned at intervals, and yet her extremities were cold from the knees down; there was also much flatulence. The last remedy given was Arsenicum.

Carbo veg. was prescribed after a little study of the case, two or three doses within an hour, then placebo ordered for two weeks and as much longer as improvement might last. These directions proved to be right in all but the last particular, for the woman mended steadily and in ten days was fairly convalescent; at the end of two weeks she was able to go out and visit her neighbors. This continued for a week, but one luckless afternoon she partook too freely of a neighbor's hospitality and on her return home the willing but weak stomach rejected its contents. Even then, a few hours' starvation (stomach rest), would have set matters to rights, but the doctor was sent for and he promptly administered some more Carbo veg., with the result that all the old symptoms returned in an aggravated form. I saw the case again in a few days, but the indications were then so mixed up that no satisfactory prescription could be made; the attending physician was compelled to resort to opiates to soothe the sufferer's dying hours. I attach no blame whatever to the doctor, as I would probably have made exactly the same mistake at that time, but this case taught me a lesson that stood me in good stead in the following case.

CASE II.—A youth of 17 had an attack of pleurisy in the fall of 1886, under allopathic treatment; though not cured of it he kept at work all winter in a cold, damp shop. In February he was taken down with pneumonia (right side—the pleurisy having been on the left), and was again treated allopathically. There being no improvement in the course of two weeks the case was put into my hands, but for upwards of three weeks my remedies seemed to have no effect whatever on the symptoms or pathology of the case; the vital force seemed to be either

resting or indifferent to the presence of disease. Finally, *Lycopodium* aroused vital action, and very violent and distressing action it proved to be. The old pleurisy broke out afresh and caused intense suffering for three days and nights, uncontrolled in the least by such remedies as *Bryonia*, *Phosphorus*, *Aconite*, *Belladonna*. The case was getting desperate and, what was worse, mixed up, having symptoms of a number of drugs but the characteristics of none; so I gave Sulphur in water, a dose every half hour for five hours. I left directions to be called if any change was apparent. About 8 P. M. one came saying the boy was dying. On inquiry I found that his breath was already cold, and so labored that the attendants had to fan him vigorously to keep him alive. I sent two powders of *Carbo veg.* to be taken twenty minutes apart. Calling there next morning I found the boy sound asleep, breathing more naturally than at any time since I had had the case, while during the last seventy-two hours he had been compelled by the dyspnoea to maintain an upright position. He had begun to improve inside of two hours after taking the remedy, so noticeably that a woman who was there to "lay him out" went home at 11 P. M., wisely deciding that her services would not be needed. The case improved, slowly at first, then more rapidly, and in three months was perfectly well, stout and heartier than ever before. Though strongly tempted I gave no other medicine whatever, and was glad of it.

ACONITE, HEPAR AND SPONGIA IN CROUP.

J. C. GUERNSEY, M.D., PHILADELPHIA, PA.

Apropos of "*Aconite, Hepar, and Spongia in Croup*," (*Vide* MEDICAL ADVANCE, February, 1888, page 145,) allow me to quote the teaching of the Henry N. Guernsey, M.D. In his lectures to his students, and in innumerable conversations with his colleagues, he always insisted, "NEVER alternate your remedies in croup. It is not at all necessary. The indications for the remedy are perfectly plain and can be clearly enough perceived by *any one*! Croup is usually one of the easiest things we have to prescribe for."

ACONITE.—Often the first, if not the only remedy required.

High fever; dry skin; much restlessness, distress and anguish. From exposure to dry cold air.

HEPAR.—Rattling, choking cough. The child chokes with every coughing spell. Coughs until he chokes. The attack comes on, or grows worse, *after* midnight.

SPONGIA.—The cough is dry and sibilant; sounds like a saw driven through a pine board, each cough corresponds to a thrust of the saw. No sound of looseness or mucous rattle anywhere. The cough is dry and hoarse, causing pain in the throat. The attack comes on, or grows worse, *before* midnight.

Continuing his lecture he would say: "Remember, gentlemen, these simple indications, and you are all right:

"In Aconite you will always find the high fever, dry and hot skin, accompanied with extreme restlessness and distress; the child is anxious and is not quiet, or restful, a moment.

"In Hepar you have the choking cough, with the mucous rattle; worse, or coming on, *after* midnight.

"In Spongia, everything is perfectly tight and dry. The breathing is labored and hoarse, but you hear *no moist sound*, and *no mucous rattle* anywhere. Also, the attacks come on, or are worse, *before* midnight.

"And here is another thing to remember: When in a Spongia case you have given the remedy, and the child begins to improve, and the cough to loosen, then, *wait on your remedy!* Don't change to Hepar, because the cough is getting loose, or rattling. It is too common a thing for a doctor to say to himself, 'Oh, my patient's cough is getting loose and rattling, so I must give Hepar.' The cough has not changed to a Hepar cough, but is simply getting well under Spongia. So, wait patiently and don't repeat or change the remedy so long as improvement continues.

THE TRUE PALLIATIVE.—The most frequently indicated remedies under the unerring law of the similars to relieve the agonies of the incurably sick are, Arsenic, Rhus tox, Lachesis and Tarantula. These may, in some peculiar cases, not be indicated, but the conscientious healer not ignorant of our *materia medica* will find, even in peculiar cases, the proper remedy.—Ad. Lippe, M.D. [To these, we would add Conium, Psorinum and Spigelia, the latter especially in cancer.]

JAHN'S FORTY YEARS' PRACTICE.

E. B. NASH, M.D., CORTLAND, N. Y.

Old books and authors are, like old friends, too easily forgotten or thrown aside. At least this is often the case. We know their faults and though their virtues many times outweigh them, we would so like to find some new ones that have no faults, that sometimes we are deceived and are right glad to return to our first love. The better way is to hold on to the old and tried, while we carefully investigate before we accept the new. I have, many a time, been helped out of a bad case by studying old Jahr, Bœnninghausen or Hahnemann, when the newer works left me in the lurch. Nevertheless, the above-named could not help me at all in a case where Baptisia, Gelsemium, Cactus, Lilium, and many other remedies were indicated, of which they knew nothing. Now, I have in my mind to corroborate, differ from, or add to, old Jahr according to my experience in these latter days, when we have so much greater armamentarium than had Jahr with which to combat the many ills to which flesh is heir. First, let me say: No physician, young or old, ought to be without a copy of Jahr's Forty Year's Practice at his prescription table ready for reference. Some will sneer at this. Let them. I shall not take it back. In the words of the editor:

It is delightful to deal with a man like Jahr in the midst of the materialistic tendencies, not only of our age, but even of the Homœopathic school. Jahr is not an extremist in the matter of dose, but holds to what Hahnemann taught and practiced in this respect. Again: Never spurn the practical wisdom bequeathed us by Hahnemann in the matter of dose, and do not confound the materialism of this age with scientific progress.

In regard to what may be called extreme in the matter of dose, there is much difference of opinion. The Milwaukee Academy and the American Institute would consider anything above the 12th, extreme. Hempel, it seems, did not, for he says Jahr was *not* an extremist. Now hear what Jahr says:

I ought to call attention to the fact that all cures, an abstract of which is reported in this work, have been achieved with the 30th attenuation, unless some other attenuation is expressly mentioned. I either gave two globules dry on the tongue, once, twice, or three times, or the same number of globules dissolved in water. At the present time my general rule is to resort to watery solutions only in acute febrile inflammations of internal organs, and

even then, only until the fever is subdued; whereas, in all other cases, after repeatedly trying Hahnemann's method, as well as that of his opponents, in a variety of diseases, I have fallen back upon the globules, and have become firmly convinced that, if two globules dry upon the tongue, do not effect the least improvement in a proportionably short space of time, to be measured by the intensity or the protracted course of the disease, the want of success is not to be imputed to the smallness of the dose, but to the *inappropriateness* of the remedy.

After this candid avowal on the part of Jahr in regard to his favorite dose and the manner of administration, he proceeds to state how he was led to his conclusions. It will repay a careful reading and is given in the preface of the work. In the matter of *repetition* of the dose, the same good sense and candor characterize his advice:

How long we ought to wait to be satisfied of the specific appropriateness of the remedy, is a very difficult matter to decide, since this point depends upon the intensity of the disease and its consequent dangers, and upon the *physician's capacity* to discern the first signs of incipient improvement.

Then he goes on to state that in some acute cases he has changed the remedy within a half-hour, and after illustrating by actual cases the result of such practice he says:

From my long practice I might relate more than a hundred such cases where *one dose of the single remedy* achieved a finer result in the space of two months, than twenty impatiently-administered drugs in two or three years.

This is of course in chronic disease. Much more is said on these points and we only quote such parts as we hope may induce our reading and thinking men, and especially the younger members of the profession, to read the entire preface. In these latter days false prophets and teachers are many, and a young man studying medicine stands more chances of being misled at the outset than otherwise. If any one doubts this let him start out and ask every practitioner styling himself homœopathic, whether he practices and teaches according to the three cardinal principles of Homœopathy, viz.:

The similar remedy.

The single remedy.

The minimum dose.

I am quite sure the result of such an investigation will verify my statement.

What then! Are the principles untrue? Not at all; and even those who in many instances habitually depart from them,

if they are *honest*, will confess that the fault lies in themselves. *They have not a sufficient knowledge of Homœopathic materia medica and the principles of applying it. The law is true*, but they are not so well *posted* as they *ought to be*.

It is only those who are *dishonest*, who profess to be Homœopaths and then habitually resort to thermo-cautery, blistering, cathartics, anodynes, Quinine in massive doses, etc., and then teach the learner that such a course is scientific, or as some put it, "progressive Homœopathy."

Jahr is not one of this latter description. In a forty year's practice he has proved to his own satisfaction the truth of these principles. I have already called attention to his opinion in regard to dose and repetition. One more point and we will have done with the preface. On the subject of *alternation* he says:

I am not by any means in favor of the *a priori* alternation of drugs; it is true I have seen excellent results obtained by my colleagues by this method, but I have always asked myself whether they would not have reached their object more speedily by giving first the most suitable remedy by itself, and after this had exhausted its good effects, administering the other remedy for the remaining symptoms. The violence of febrile inflammations where Aconite corresponds to the fever, is *certainly* more speedily subdued if Aconite is given without alternation with another remedy; even if it should seem as though this alternate use of two drugs would lead to the same result with equal promptitude. Yet such a proceeding renders all rigidly correct observations impossible.

There is no uncertain sound in this testimony, and Jahr then states the fact that in an epidemic of diphtheria, where Apis and Lachesis were used with success in alternation, subsequent experiment proved that Apis cured better alone, it being the truly indicated remedy, and that Lachesis was only a hindrance instead of a help.

But I have quoted more at length than is advisable. I must here repeat that it is worth while to read this whole preface, where so much good sense and truth is condensed in so small a space; one reading does not enable most men to get and retain all the good therein. Especially is this true with the student.

After looking over Jahr's treatment of mental and psychical derangements, I must say that I have not been obliged to go a great way outside of the list and indications of the remedies which he recommends.

PUERPERAL MANIA.—PLATINA.

I succeeded in making a brilliant cure of puerperal mania of six months' duration, which two skillful physicians had failed to relieve. They gave it as their opinion that she must go to the Utica asylum, and expressed grave doubts of her ever recovering her mind.

Her family being wealthy, and she an only child, decided to try our system of medicine before consenting to send her away. Her mania was of a violent type. She would dance, sing, talk rapidly and continuously, when awake. Everything was removed from the room in which she was confined (except her piano, of which she was fond), because she would destroy everything she could lay hands upon. She would play for hours at a time upon her piano, sometimes beautifully, and at other times would bang and pound without any attempt at harmony. After trying several remedies like Stramonium, Belladonna, Hyoscinus and Veratrum, the class of remedies generally found most useful in violent cases of this kind, I observed one day, that while she talked with me she manifested the characteristic symptom of Platina. She assumed or seemed to feel herself a person of great superiority, addressing me as she would a boy or child. I gratified her in the conversation, and she proceeded to put me through a rigid examination (as she thought) in regard to her own case. I came home and while looking over her symptoms in the light of this condition of mind, I found in Lippe's Text-Book (S. 94): "Alternate appearance of the symptoms of the body and mind; as soon as the one group predominates, the other ceases." I then remembered that when her *violent paroxysms of mania* were off, or more moderate, she complained of *pain in the back*. This was never complained of when she was most wild and unmanageable. Upon these two characteristics I prescribed Platina 6, once in four hours. Improvement began immediately, and she was well within two weeks. This was ten years ago. She has never had any return and has since had two children.

You will observe (page 44) that Jahr places Platina first for mania during pregnancy or confinement. But it would be, as every Homœopathist knows, the sheerest folly to prescribe it without the characteristic indications.

PUERPERAL FEVER.—IGNATIA.

Last year I was called to see a case of mania following confinement. It was the wife of an Allopathic physician. In this case the *history* led to the choice of the remedy. Her father-in-law, whom she greatly loved, died in a fit, suddenly. She was *terribly frightened and greatly grieved*. Then the house next the one in which she lived, caught fire and burned. Then her child, a little boy, fell from a chair and she was very badly shocked. All these causes of combined fright and grief led to the choice of Ignatia, one prescription of which produced improvement, which soon culminated in perfect recovery.

Of the other remedies and their indications in affections of the mind I can testify in corroboration of Jahr in most cases.

MELANCHOLY AND SLEEPLESSNESS.—CIMICIFUGA.

Outside of those he mentions, Cimicifuga is a remedy of great value in melancholy, accompanied by great sleeplessness, especially when this condition exists during the climacteric. I have used it generally in the zooth potency. It is also very efficacious in delirium tremens when the patient has not been able to sleep, with horrid visions and violent trembling. In one case, in addition to these symptoms, there was a condition resembling angina pectoris. In these cases I have used the 1st potency, a few drops in water, once in one-half to two hours until the patient grew more quiet; then at longer intervals.

RELIGIOUS MANIA.—MELILOTUS.

In one case of mania which had supervened upon a partial sunstroke, and which assumed the religious form, the patient continually talking of her soul being lost, and wanting me and every one else to pray for her all the time—a case which several years before had been relieved by me with Stramonium, which now made no impression on the case, was quickly cured by Melilotus 12. I was led to this remedy by the *intense redness of the face*. I have, guided by this symptom, used this remedy in brain fevers after Belladonna and Stramonium had failed, and it has often helped me. It has intense congestion to the head, which is often temporarily relieved by epistaxis, but the *intensely red face* is my "guiding symptom" for its use.

SPERMATORRHŒA.—SARSAPARILLA.

In the Record of Homœopathic Literature, Raue (page 243, 1870), are two cases of spermatorrhœa cured by Sarsaparilla.

Shortly after this volume appeared, the late Dr. T. L. Brown stated to me that he had found Sarsaparilla an excellent remedy for this affection and especially when it was attended with *gloomy thoughts* and *great depression of mind*. This I have found to be true. I have generally put a few drops of the 200th into a four-ounce vial of pure water and directed the patient to take tablespoonful doses three times a day. When one-third of the contents of the vial was taken it was to be filled up with fresh water and taken same way. In this way I have cured some of the most severe cases of *melancholy* depending on onanism.

SLEEPLESSNESS.—PHYSOSTIGMA.

I once relieved a case of very persistent sleeplessness in a patient who was at a previous time for several months in an insane asylum, and who now greatly feared she would have to go again. Her previous attack was preceded by this same kind of sleeplessness. The marked characteristic in her case was that if she chanced to get a nap she *awoke suddenly as if in a fright, and felt no relief from what she had slept*. After trying several of the old remedies without relief, I found under Physostigma (Symptom 824, Allen), "Falling asleep frequently, but *awakes suddenly, without relief*; the following night scarcely closed the eyes in sleep; thoughts very active; an idea once started, kept on with unusual persistence." This was the "guiding symptom" in this case (I do not find it in Hering), and Physostigma 12, followed by the 30th promptly relieved and cured this very estimable lady. She was a very intelligent person and thoroughly appreciated my service. I wish it were always so. I have been more particular in stating these cases because they are cured with remedies outside Jahr. Every physician has these experiences and the only way to get the greatest good out of them is to let them be known.

Right here I must guard especially the younger members of the profession against neglecting to search earnestly and thoroughly after the curative remedy, in any case, among the *older remedies*. "I never prescribe an old remedy when I can find a new one" wrote a physician a few years ago, when Hale's New Remedies were coming out, and he seemed to think the saying creditable to him. It is a great mistake and leads inevitably to eclecticism. *The old, the tried and the true*, first; then

if you must needs have more help, go carefully for new recruits. Then, after we have thoroughly proved them, wheel them into line with the regulars.

Hahnemann taught that the mental symptoms were of first importance in the selection of the remedy. But we have sometimes mental conditions which depend upon apparent external causes. Jahr enumerates some of them, as fright, joy, humiliation, anger, affliction, grief, care, mental strain, abuse of spirits, sexual excesses, suppressed piles or other discharges, eruptions, etc. We all know how closely connected is hypochondriasis and liver troubles, womb irritations and hysterical manifestations of the mind. Now it may be that in the liver or womb symptoms, after all, may be the *characteristic* which is the leader to the remedy that covers the whole case. But in every case, THE TOTALITY MUST COME INTO THE ACCOUNT, in order to make the scientific homœopathic prescription.

Chapter II. of Jahr is entitled "Morbid Phenomena in the Brain. For the *congestive* vertigo which he says is speedily relieved by Aconite and Belladonna, we may add of the recent remedies, Ferrum phosphoricum and Veratrum vir. Gelsemium also occupies here a prominent place. The symptoms must decide between them.

GASTRIC VERTIGO.—BAPTISIA.

I do not think of any new remedies that are fit to take the place of those Jahr has mentioned for gastric vertigo. We might add Baptisia to the list. I have often relieved a condition of the stomach that was accompanied with vertigo and heaviness of the head. The patient calls himself bilious, mouth tastes badly, is dry, with little or no thirst or appetite. Feels as though he had eaten too much and that a good "clearing out" would do him good. Baptisia 3 will often correct this state of things without the "clearing out." The patient, in addition to these symptoms, sometimes complains of fullness or heaviness in right hypochondrium.

For the nervous vertigo of which Jahr speaks there are many more remedies than he has mentioned; to undertake to name them or give their indications would take more space than can be given here.

APOPLEXY.—CONIUM.

Jahr's directions for the treatment of the the different forms

of apoplexy are correct. There are, of course, cases in which other remedies may be indicated. It may be Conium, which he has not mentioned, and which cured a very bad case in an aged man, where consciousness was entirely gone for days, and the whole right side paralyzed. The symptom which guided to the selection of this remedy was "*sweat as soon as he closes his eyes.*"

We can do much more to ward off threatened attacks, than to cure them after they take place. We seldom have an attack of apoplexy in the aged which is not preceded for days, weeks, or months by symptoms which should excite suspicion in that direction. These are such as appear under what is generally termed hyperæmia of the brain. Here we have a long list of remedies from which to select, but notably, Belladonna, Amyl nit., Glonoine, Ferrum phos.

THE BORDERLAND OF INSANITY.

THOMAS SKINNER, M.D., LONDON, ENG.

Mrs. —, age 33, the mother of three children, consulted me Oct. 19, 1887, on account of a pain at her heart, accompanied with an extreme degree of nervousness and nothing tangible to account for either.

The pain at her heart is an aching; at times it is hot, like heartburn. She is always worse after going to bed and lying down, *she must sit up because it affords relief to her heart-ache*, and she is *always worse on again assuming the recumbent position*. As a rule, she is always *worse on first lying down, especially if she lies on the left side*, and she is always easier on her right side. The pain is always aggravated on taking a deep inspiration. She has almost *constant palpitation which she sees and hears*, and it causes her much anxiety which is greatly enhanced by the remembrance that her mother was said to have died from heart disease. The palpitation and aching-burning at her heart raises in her mind the most terrible dread and apprehension of the approach of an imaginary storm, or earthquake, or of something terrible going to happen to herself and her family. These feelings amount to positive insanity during stormy weather, high winds, more especially if they occur during the

night, when sleep is quite impossible. She then dreads losing her understanding and all control of her feelings. Expressions and acts of kindness, sympathy and trying to reason her out of her state, are simply lost upon her.

She is generally worse in the evenings, about 5:30 P. M., after tea, and she is better in the mornings. *She is very easily moved to tears at all times, is never thirsty, and she is of an extremely mild and amiable disposition.* She suffers much from leucorrhœa of a yellowish-green color, both day and night. She has sinking at the epigastrium at various times during the day and *night*; and in all other respects she is perfectly well, and able to perform her domestic duties, *except during stormy weather.*

Here we have three medicines especially well marked, viz.: Pulsatilla, Lycopodium and Calcarea, and a few others, but Pulsatilla is certainly at the top of the poll. On the 19th of October, 1887, I placed upon my patient's tongue one powder of Pulsatilla 50m (F. C.), to be followed by Sac. lac. night and morning for a fortnight.

Oct. 31st.—Every symptom with the exception of the extreme terror in windy weather is gone, the leucorrhœa as well. The Pulsatilla had done all which I had a right to expect, so I now turned my attention to the best remedy for sealing her nerves against the action of high winds. The following remedies suggested themselves: Bryonia, Causticum, Chamomilla, Cinchona, Lachesis, Lycopodium, Natrum c., Natrum m., Nux m., Nux v., Phosphorus, Rhododendron, and Silicea. Inasmuch as that it is not easy to find always *what it is* that is aggravated by stormy weather in the provings of so many medicines, some of the aggravations appearing before and some during the storm, etc., I selected Nux v., on the authority of the late lamented and distinguished homœopathic therapist, Dr. Adolph Lippe, and I gave my patient Nux vom. cm. (F. C.) in one dose, and to be repeated once if the feeling returned during stormy weather; but it failed to afford the slightest relief, and I was not surprised, considering the temperament and disposition of my patient.

Nov. 25th.—I took a fresh photograph, and it was as follows: Fear, anxiety, apprehensive of impending evil, induced or aggravated in bad weather, especially if *foggy*, gloomy weather, thunder, or *strong winds*. Prefers then to be alone and weep.

In *foggy* weather she invariably imagines and feels certain that the end of the world and the day of judgment is at hand. It is no day or night dream with her, but an awful reality which she cannot shake off. This photo, and the general sadness of her disposition, to my mind pointed strongly to *Natrum mur.* as the corresponding remedy. On this day, Nov. 25th, I gave her seven powders of *Natrum muriaticum* cm. (F. C.), one to be taken at the hour of sleep once a week, and one in the interval if the morbid feelings returned *in foggy or windy weather*.

Dec. 16th.—Reported that she has only taken three of the powders, and that she feels greatly better of her unreasonable nervous fears in foggy and windy weather (and we had plenty of both at the time). A new symptom turned up—nausea with total anorexia in the mornings before breakfast. The nausea is relieved by a cup of tea, but she cannot partake of the smallest amount of food then. Being a *Pulsatilla* subject, and as the symptoms correspond well to its antipsoric analogue, *Sepia*, I gave her one dose of *Sepia* 5m. (F. C.), with complete relief next morning and ever since.

Dec. 30th.—She received from me one more dose of *Natrum mur.* cm. (F. C.) and she has never experienced the slightest return of her old feelings, which had troubled her for about one year. At this date, Feb. 29, 1888, I see her almost daily, not as a patient however, and she continues as well as any person could wish to be, only puzzled as to where her morbid feelings have fled.

[TO BE CONTINUED.]

THE METAMORPHOSIS OF THE BLOOD CORPUSCLES.

A. MC NEIL, M.D., SAN FRANCISCO, CAL.

Dr. A. Masso publishes under the above title in Virchow's Archives, band cix, part 2, a large work of the Turin Physiological Laboratory, which, if it stand investigation, will overthrow the views at present held by physiologists concerning the blood, its coagulation, change into pus, in chlorosis, leucæmia, etc.

On account of the great importance of the subject a *resume*

of the discoveries of this epoch-making time will be acceptable. I will be brief for I will not spoil the enjoyment of the original lectures, but rather excite a desire to know them fully.

According to Mosso, the *process of coagulation of the blood* is a much simpler phenomenon than has been hitherto believed. The coagulum is composed of a number of red corpuscles, which die, become swollen, faded, hyaline and viscous, and thus form a gelatinous mass.

The hæmato-blasten of Hayem and the blood disk of Bizzozero are nothing else than faded red blood corpuscles with the investing membrane broken down and swollen, showing clearly the extruding granules.

The leucocytes are not young and protoplasmic forms, but *arise from red corpuscles*, which in their degeneration become invested with a membrane more or less granular and hyaline; the substance of this investing membrane degenerates and suffers other changes in which in the processes of growth or breaking down, changes into globules—the *white corpuscles*. Mosso considers these not as young, growing, developing cells, but as *dying ones*.

When red corpuscles are exuded from the blood vessels in order to pass into the alveoli of the lungs or into the bronchia, they become changed into *leucocytes* which may be discovered in the sputa. (The large granular cells in the expectoration are dead forms of red corpuscles in an advanced stage of hyaline degeneration—nekrobiosis.)

In the well known experiments of Cohnheim in which the abdominal cavities of frogs were opened and the mesenteries drawn out and kept tense, there was found to be an increase of the white corpuscles in the blood, but these corpuscles thus passing out of the vessels (by diapedesis) are for the most part *an artificial production* of the experiment itself, for by careful observation it is seen that red corpuscles fade and change as soon as they have left the blood-vessels. In Thomas' much more humane experiments on dogs, one can see that the red corpuscles emigrate in incomparably greater number than do the white.

The blood always contains leucocytes in different stages of transformation. Mosso designates the *fine grained* as the *younger*, the *coarse grained* as the *older ones*. There are also

hyaline forms which have suffered still greater changes, viz., *leucocytes with granules and large brilliant globules*, which appear to be composed of fat, but in reality are of hyaline substance.

The red corpuscles change into white, which in consequence of hyaline degeneration swell and come to a standstill in the capillaries of the lungs, liver, spleen, and marrow of the bones.

Pus is only an accumulation of red corpuscles which have exuded out of the blood-vessels and become changed into leucocytes. They never undergo fatty degeneration, for when treated with ether they do not dissolve. *Neither does the karyokinetic process occur in them.*

Mosso strikes the bacterists a heavy blow when he asserts that the injection of oil of turpentine into the veins produces pus, and that in the pus thus obtained no micrococci are discernable.—Allg. Hom. Zeitung.

SCIATIC RHEUMATISM.—RHUS TOX.

G. E. CLARK, M.D., STILLWATER. MINN.

T. L. C., æt. 64, contracted chronic diarrhoea in the army, for which he received a pension. The only symptoms of rheumatism was a slight attack thirty years ago. Herded cattle during the summer and fall and became chilled while sitting on a cold stone. During the month of September suffered much at night, but limbered up during the day and kept at work. In November he became confined to the chair most of the time, being unable to lie down but for a short time from 9 to 11:30 P. M. The pain would then wake him, and with a piercing scream he would immediately be helped to his chair, there to remain till the next night.

STATUS DECEMBER 12.

Sharp, piercing, tearing pain from ischiatic region down posterior aspect of right leg.

Region involved exquisitely *sore* and tender.

Right foot and ankle much swollen.

Worse about midnight and from changes of weather.

Is temporarily relieved by passive motion, heat and rubbing.
Rhus tox. cm., one dose per day.

Dec. 13th.—Slight improvement which continued for ten days, at which time he rested *nearly all night* in bed and suffered very little pain.

Dec. 22d.—Inspired by a spirit of investigation to see what there was in this one powder of the cm., I prescribed *Rhus tox.* 3x, to be taken in water every two hours for five days.

On that day I was called in great haste to see the patient who was supposed to be dying and was preparing in accordance. A rapid review of the case disclosed no new symptoms—the most accurate observer could make out nothing but a clear cut *Rhus tox.* case. But to such an excess had these symptoms been developed as to seriously threaten the old man's life.

One powder of *Bryonia 70m* caused such prompt and continuous improvement that at the end of ten days patient thought himself about well again.

January 6th.—A relapse occurred when the following symptoms presented themselves:

Pains in right limb have returned; foot and ankle red, sore and swollen very large. Bottom of feet burn like fire. Cannot sleep from 4 to 11 A. M. Great thirst for *cold* water. No appetite—wants only cold water.

Sulphur cm., one powder.

Slept better the following night than in the three months before, and very marked improvement in general. At this point, twenty-four hours after the Sulphur cm. was given, an incident occurred which is well worth giving and may give the scoffers solid food to digest. You will bear in mind the one powder of the above medicine was given dry on the tongue; following this at regular intervals was given teaspoonful doses of water "medicated" with *Sac. lac.* Hence I was much interested when the old man asked me "What makes the last medicine have such a *nasty* taste; it almost gaggs me every time I take a dose?" When asked what it tasted like, he said, "Like brimstone. Is that what you are giving me?"

Bring on your microscope and let us find out what made that *Sac. lac.* taste any different than that following the *Rhus* and *Bryonia*; or wherein lay the power of that one powder to make that unscientific old man smack of the sulphurous. Suffice it to say, for the next twenty days that one dose was all that was

needed to keep up a lively and radical improvement. At the end of this time a few Rhus symptoms again appearing, that remedy was again administered as above, with the gratifying result of clearing up the whole trouble, and has so remained ever since. The case is an interesting one on account of the marked susceptibility of the patient to the highly potentized drugs.

DRUGGING.—CONGESTIVE HEADACHE.

T. D. STOW, M.D., MEXICO, N. Y. •

DRUGGING.—NUX VOMICA.

Miss Clara B., Palermo, N. Y., came under my care. Brown hair, blue eyes, age 23. This young woman came home from boarding-school one year ago (December, 1886,) quite used up from long study. Underwent "thorough and highly scientific" drugging, some months, until the functions of digestion and menstruation were sadly disordered. She took a large amount of Quinine, until the functions of the sympathetic nerve and lower spinal cord were partially paralyzed. I treated her some weeks, giving but two remedies, Nux vom. and Calcareo. She lost up to the time I first saw her, forty pounds, weighing when well 125 pounds, and was so reduced in strength, she was confined to her bed.

Nux vomica was given for certain gastro-intestinal symptoms, viz.: Heaviness and weight in stomach after eating.

Dull, pyloric pain, sour belching; eructations of bitter, sour ingesta, two or three hours after eating.

Constipation, with dry, crumbling stool, ejected with difficulty, or ineffectual efforts at stool.

Worse forenoons.

Dislikes to make any effort.

Gets chilly easily.

She had about three prescriptions of Calcareo carb. to cover sour eructations; distended, hard abdomen, and cold, damp, clammy feet. She so steadily improved I dropped my visits July 3, 1887.

Sunday, Dec. 4, 1887, her mother called to get something for Miss Clara, stating these symptoms:

Great weakness.

Can't sit up on account of pain in loins.

Heavy feeling in stomach after eating.

Eyes dull, glassy.

Low-spirited.

Great constipation ; ineffectual stools.

No rest after 2 A. M.

Dislikes to set about anything. Gave ten powders of Nux vom. 200.

Saturday, December 10th, she reported :

DOCTOR STOW: The medicine you sent afforded me much relief. Food passes off much more easily, I take more of it and rest better at night.

CONGESTIVE HEADACHE.—ACONITE.

Mrs. M. S., aged 49, is approaching her menopause. She is tall, but of good weight and has usually a florid complexion. Hair black, but getting gray. She complained as follows, for two weeks or more prior to November 27th :

Fear of impending evil : restless.

Severe headache throughout the cranium, with sensation of fullness, dizziness, flickering before the eyes, impairment of vision, roaring, hissing in ears ; nausea, anorexia, eructations of gas, tenderness in epigastrium and in lower abdomen.

She also had icy cold hands and feet, with redness of face on lying down, and great pallor with nausea and small, thread-like, doughy pulse on rising.

She likewise could not sleep, and grew poor.

One prescription of Aconite 30, a powder every four hours, acted like magic ! She was quite herself the next day, November 28th, and has improved daily since. She said to me to-day (Dec. 11th) : " I am well ; nothing ails me, and I have not been as well for a year."

CROUP.—LYCOPODIUM.

C. B. GILBERT, M.D., WASHINGTON, D. C.

March 13, 1888, Ralph, 5 years old, thin, light complexion, long, narrow head, active, blue eyes, pale face.

On the nights of January 31st and February 1st, had croup, the second night severely, the parents said :

At 8 P. M., February 2d, was attacked again and was given Aconite, Hepar, Spongia, fifteen minutes apart, until 11 P. M.; turpentine was applied to the chest on flannel. He was found with: face red, over cheek bones, on chin and ears; pupils contracted; nostrils first *contracting* then *dilating*; respirations 32 and somewhat labored; pulse 144; was lying on one pillow, could lie on either side, and was drowsy; skin hot and dry.

He was given, at eleven o'clock, one dose of Lycopodium, dry, and in one hour his pulse was 128 and his respirations 24; the improvement continued till morning. A slight attack the next night was cut off by another dose of Lycopodium. None since.

Boenninghausen's *shot-gun* croup prescription is good, but the *rifle* prescription, similia pattern, is better.

WHAT CURED THE CASE?—CALCAREA, KALIBICH: A COMPARISON.

Z. T. MILLER, M.D., PITTSBURGH, PA.

Child, four years old. Large head; light hair; blue eyes; fair skin; fat. Recently convalescent from measles.

Symptoms: Yellow membranous deposit on lateral curtains of palate up to root of uvula; also several spots on posterior wall of pharynx.

Dry, shrill, barking cough.

Breathing labored; inspiration and expiration equally difficult.

Spells of very great dyspnoea, especially after sleeping.

Child had always been a great sweater, especially about head, when sleeping.

Belly at times large.

Very cross and irritable.

Feet cold.

January 21st.—Kali b. 3x, trituration, every three hours.

Jan. 22d, 8 A. M.—The child was going from bad to worse. Symptoms all more pronounced; the gray face with sweat, flapping nasal wings, blue finger tips, great restlessness, showed the tendency of affairs. Calc. c. 200, one powder, to be repeated at noon if no better.

Called at 6 P. M. Second powder had been given at noon.

About 4 P. M. the child was thought to be in the death struggle, jumping off the mother's lap, staggering about the room with all the symptoms of asphyxiation. Shortly after he became easier. Coughed some and seemed better. At 6 P. M. I found him asleep breathing better, color better, cough looser, some appetite. Sac. lac.

Jan. 23d.—Cough quite loose, voiceless. Hepar 6, two doses. ●

Jan. 24th.—General condition much better. Appetite good. Hepar 6, two powders. Discharged.

I learned since that the child regained audible speech gradually.

I detailed the symptoms of this case to the County Society, and while it was generally conceded to be a case of membranous croup, the remedy that *cured* the case was questioned. I claimed that Calc. c. 200 saved the child's life, but Doctors J. H. and J. B. McClelland both took grounds against me, claiming that it was the Kali bich. 3x that did the work. Dr. J. B. held that the reason the child steadily grew worse under Kali was because the remedy was too low and repeated too often; he even hinted that the conditions were being aggravated, and had I persisted in giving the Kali, that I would have killed it, but that I left off the remedy, gave nothing (the Calc. c. 200), and allowed the child to recover.

This very positive statement, backed in part by so eminent a physician as Dr. J. H. McClelland, has led me to give the case this analytical attention.

We are agreed that the case was membranous croup, but not agreed upon the remedy that cured. Let us see, and reason together.

The symptoms upon which we would select either remedy in membranous croup are as follows:

KALI BICH.—TRUE MEMBRANOUS CROUP.

Disease approaches gradually; at first, slight dyspnoea with hoarse croupy cough. The air passing into the trachea *sounds as if passing through a metallic tube*. Hoarse, dry, barking cough. Tonsils and larynx red, swollen, covered with pseudo-membranes. Head inclined backward. Violent wheezing cough and rattling in trachea, heard at a distance. (Johnson's Key.)

Now this is a very good description of the average case of membranous croup, without any peculiar characteristic to tie

to. As far as it goes it would fit about any case of membranous croup.

CALCAREA CARB.

Not given by Johnson or Lilienthal under head of membranous croup, but under Catarrhal Croup we find, "*Leuco-phlegmatic constitutions; profuse sweat upon the scalp; inspiration hoarse, rough, loud, and difficult, causing child to cry out with pain. Worse after sleeping (Lach.). Cold, damp feet.*"

Compare the symptoms; does Kali bich. or Calcarea carb. fit them? I am persuaded that *no* sick condition should be classified or named; that such classification and naming is against the principals and spirit of our doctrine. I am also persuaded that membranous croup—so-called—is nothing but a local, *intensified* expression of some *constantly existing* internal derangement of life force, that hitherto had its expression in some other manner; as in this case the constant sweating about the head, the cold, damp feet, large head, large belly, etc. *These* symptoms were the *chronic* mutterings, but the croup with its train of fatal consequences was the thunder and lightning so destructive to child kind.

CALCAREA.

Fair, plump children.

Leuco-phlegmatic temperament.

Sweat profuse on head and chest, during sleep. From slightest exercise even in open air.

Irritable without cause, peevish obstinacy.

Abdomen much distended and hard.

Cold feet, socks damp.

KALI BICH.

Fat, chubby.

Not given under Kali bich.

Sweats on back during stool.

Ill-humor.

Abdomen bloated, followed by eructations. (This last symptom is evidently a dyspeptic flatulent distention.)

No such symptom under Kali bich.

It will be seen from this comparison that Calc. c. certainly covered the chronic or persistent symptoms of the child much better than Kali bich.; in fact it covers the *peculiar* symptoms of the case. How about the symptoms that I have said are common to croup. In truth, croup consists, as far as its outward appearance goes, of a deposition of false membrane in a section of the human economy where it can least be borne. The yellow membrane, then, is the one symptom that attracts our attention, for we are very certain, that if its progress is not

averted that the child dies. In equal truth we may say, that the membrane is the cause, mechanical, of all the formidable symptoms that are so horrible to witness. It causes the peculiar cough by its irritating presence; the shrillness, by the dryness of the deposition; the labored breathing, by the decrease of tracheal capacity; the spells of great dyspnoea by the spasmodic contractions of the trachea from reflex irritation; the frightful grayness of the face, blueness of the lips, general sweat about the head, and stupor, due to the asphyxiation, caused, *by what?* By the reduced inspiratory capacity of the trachea, carbonization of the blood and death.

Is there anything in this array of ghastly symptoms that gives a clue to the similitum? I think not. Kali bich. does cause the false membrane, and, when the case is not arrested the rest of the picture must follow, but I submit that it does not cover any of the symptoms, the chronic expressions of this case, the very symptoms, the peculiar characteristics upon which we are taught to base our selection. Would you select Kali bich. if the same amount of membrane were deposited upon the roof of the mouth or posterior wall of the pharynx? I think not; you would want a whole host of other indications, among which are the tough, stringy mucus, swelling and redness of the tonsils and pharynx with difficult deglutition, tonsils covered with membrane difficult to detach, etc. None of these symptoms were present in my case.

To sum up, we had:

CALCAREA.

Fat child, large head, white hair.
Constant sweating on head when
sleeping or nursing.
Abdomen large and hard.
Cross and irritable.
Feet cold, damp socks.

KALI BICH.

Fat child (not flabby).
Membrane or curtains of palate
and throat extending to larynx.

The pathogenesis of Calcarea does not give false membranes, but it does have "Whistling in the larynx after lying down in the evening.

"Roughness and rawness in the larynx.

"Painless hoarseness in morning."

In view of this analysis, supported by the teachings of Homœopathy as I understand it, I think I am justified in maintaining

that Calc. carb. 200 cured the case. If my doubting friend, Dr. J. B., had said, "You contwisted fool, how did you find it possible to give Kali bich.?" I should be compelled to say "I didn't know."

INFANTS, DEPRIVED OF HUMAN MILK.

W. I. THAYER, M.D., BROOKLYN, N. Y.

Says a prominent writer, who has given much thought and study to infant feeding: "There is really no subject which should command more attention from the medical profession—when we consider the large number of children that die before their fifth year—than Food for Infants.

"When the mother suggests the use of some food that they have seen prominently advertised, the physician will too often reply, 'Give it a trial and see if it will agree with it,' without considering whether the infant will be thoroughly nourished, or whether the food contains the constituents requisite to make perfect bone, flesh and muscle."

More than ninety per cent of the artificial infant foods advertised are deficient in nitrogenous matter correctly proportioned with the alimentary substances. Deficient in protein substances—the albuminoids are absolutely worthless in a properly balanced condition of the inorganic constituents for petrous tissue building.

It will be remembered by the readers of this journal, that on page 61 of the January issue, there was published a carefully prepared table showing the analysis and true nutritive value of eight different kinds of infant foods, to which the writer respectfully requests the reader to examine again, and compare with the following.

For convenience, we will divide these foods into three classes.

First.—Those that are composed wholly of wheat or of the cereals; that is, starchy foods. Chief amongst these is the Imperial Granum, Wells & Richardson Co.'s Lactated Food, and Dr. Ridge's. These vary in protein substances—albuminoids—from 11.46 down to 8.34.

A good quality of wheat contains from 10 to 12 per cent of nitrogenous matter. Now for general tissue-building, save the

petrous ones, nitrogenous matter is the all-important pabulum.

The Anglo-Swiss Milk Food has but 38 of 1 per cent above what can be obtained from the best of wheat, while Carnrick's Soluble Food—another milk food—contains according to Stutzer 18.22 per cent of nitrogenous or protein substances, owing to 50 per cent of powdered milk that Reed & Carnrick declare that they mix with the best of wheat. Thus when this food is used the child is getting just $5\frac{84}{100}$ more nitrogenous pabulum than with the only other milk food.

The lowest amount of nitrogenous matter that a first class quality of wheat will yield is 10 per cent. What can we claim for those foods whose proteins or albuminoids run as low as 8.34, 8.76 and 9.05?

Take the purely starchy foods alone, not a single one of them but are deficient in lime salts! This is a very important item in the composition of an artificial food. Important, if it is desired to lay the foundation for a good set of temporary and permanent teeth! Four of these foods contain but a trace of fat. Powdered cracker is just as good!

The profession are well aware that purely starchy foods are not easy of digestion for an infant, or for some weakened adults. They can be artificially pre-digested by a dry heat of 350 degrees, by some eight hours' baking, which converts the starch into dextrine, and from the latter, the pabulum is rapidly transformed into sugar, that can be quickly absorbed. But, if ingested in the form of a malt sugar instead of dextrine, the amolytic ferments of the saliva and in the pancreatic juice, would very easily start an acetous or venous fermentation and be attended with unpleasant results; here is where I believe many cases of cholera infantum and diarrhoea are started in bottle-fed babies on artificial foods. Where cow's milk is given alone or in a diluted form, I have found that the tough casein in cow's milk will resist digestion and inaugurate serious bowel lesions.

Second.—Malt foods, such as Horlick's, differ from the cereal foods only in their mode of manufacture, where they convert the starch in cereals beyond that of dextrine, and into a malt sugar. Malt sugar is quite as liable to ferment in a child's stomach as cane sugar.

Another malt food contains but 0.5 per cent of fat, and only

8.34 of protein or nitrogenous substances, and is very deficient in lime, being 0.155. Horlick's food contains but 0.6 per cent of lime, and 11.30 of "nitrogenous substances," and when brought in comparison with Carnrick's Soluble Food, which has 18.22 per cent of nitrogenous or protein substances, and of lime 0.645, and of phosphoric acid 0.874, the comparison is very much in favor of the last-named food.

Third class of infant foods are those that are composed more or less largely of the solid constituents of cow's milk, and these combined with wheat differ from the others, in that they more thoroughly nourish the child in direct ratio to the amount of nitrogenous constituents, phosphoric acid and calcareous salts that they contain.

Of the milk foods, there are three in the table referred to, on page 61 of the January issue, and I will name them in the order of their value: Carnrick's Soluble Food, Anglo-Swiss Food, Nestle's Food. The cow's milk should be partly pre-digested, just enough to render it as soluble, or as easily digested by the infant as human milk, and if this is honestly performed by the manufacturer, and stopped at a certain point, it can be as easily digested as breast milk. The casein of human milk is light, flocculent and not easily coagulated.

Milk foods have a very much greater rating according to Professor Stutser's analysis, and hence, greater value, in that they furnish a greater amount of fat, which is a prophylactic of no mean value. One is put at 5.00 per cent, another at 4.66, and the least, 2.37 per cent.

Another and very important point that will be discovered by a careful examination of that table, is the amount of protein substances that are readily digestible. Carnrick's Soluble Food is placed at 16.45, Anglo-Swiss at 11.20, and Nestle's Food at 11.09 per cent.

This matter of the easy digestion of the protein or nitrogenous substances is of the greatest possible moment to a child deprived of good human milk; and, as I have said before, in a large majority of cases an infantile digestive apparatus will be found unable to cope with the coagulating and tough casein in cow's milk. This can be remedied if the mother or nurse will partly pre-digest this kind of food, before giving it to the child, with pancreatine. But what nurse can be depended upon; or

what mother can use this digestive ferment so nicely as not to entirely destroy its action by an imperfect regulation of the heat? This operation can only be performed in the laboratory by an experienced chemist, so that, when he has partly pre-digested the cow's milk, he can stop all further action, by raising the temperature of the milk to 200 degrees. Then it is that we will have a product uniform and that can be depended upon.

Nor is the above all that is necessary to make an artificial food "agree with baby." As we have intimated before, there is the raw starch that has got to be looked after. There are not enough of the amylolytic ferments in the saliva or pancreatic juice of any child under two and a half years, that can digest "raw starch," and he who attempts it and continues it will be called upon to fill out a certificate.

Imperial Granum, Dr. Ridge's, and some others in that table are altogether inappropriate and of defective composition. There is very little of the soluble carbo-hydrates and great quantities of raw starch that cannot be properly disposed of and must necessarily ferment. The proportion of proteins is small and that of fat quite insufficient.

Some of these foods contain only an infinitesimal quantity of lime and the proportion of phosphoric acid is likewise insufficient. Of what value can such foods be for petrous tissue building? It is within the purview of the physician to so direct those who have the care of his little patient, as to insure strong, flint-like teeth, that will not decay as readily as they do to-day, and perform such dental operations for his young and growing patient as to make the services of the dentist, by poor stuffing, in less demand than is the fashion now. Since no man can build a mansion without material things to construct the same, neither can one have good, strong and serviceable teeth unless they are packed with lime salts instead of raw starch and malt extracts, which is one remove beyond dextrine.

If we have an artificial infant food that provides the lime salts in proper quantity, the starch in the cereal elements converted into dextrine, only! and a liberal supply of partly pre-digested nitrogenous matter, then we are going to have the *sine qua non* of perfection that approaches in a very clear and close manner human milk.

Cellulose—see table—is the fundamental substance of which

vegetable tissue is composed, left after all products of secretion are dissolved out. It is like starch. Of no value as a tissue builder, and of more or less injury to an infant. Its formula is $C_{12}H_{10}O_{10}$.

A good place for microbes to lodge and cultivate is in the black or white rubber nipple. This adjunct of the nursing bottle ought always to be scalded by boiling water each time it is used. More than that, it ought to be turned inside out, soaped and scalded most thoroughly. Whether one believes in the bug theory or not, they can make no mistake in properly instructing each mother to know that the important matter is attended to. Many are the cases of cholera infantum that have had their origin from lack of this precaution. Simply to soak the tit in warm water is not enough. Turn, soap, rub, scald and rinse.

PNEUMONIA.—STRAMONIUM.

J. C. FAHNESTOCK, M.D., PIQUA, OHIO.

Mr. S., æt. 18, robust, dark hair and eyes, always enjoyed the best of health.

On Feb. 10, 1886, was summoned to see this young man and found him in bed, lying on his back, *unable to turn on either side*, owing to severe cutting pains in his left side. His face was flushed, temperature 103, pulse 130, respiration very rapid.

Very thirsty, wanted to drink all the time and a glass full at each time. Bowels constipated.

Left side, dullness on percussion.

Coughed quite frequently, and at each paroxysm of coughing a severe pain in left side. No expectoration.

From all of these symptoms I thought the case plainly indicated Bryonia and I gave him Bryonia 3x.

[Bryonia pains are sharp and stitching, like Kali carb., and are usually confined to, or are worse on, the *right* side, and the patient obtains relief by lying on the painful side. In this case the pains are "cutting," the patient "lying on his back unable to turn on either side." This was a "peculiar" symptom and should have promptly arrested the attention of the prescriber. Without reference to character of pain, his inability to lie on the

painful side should have excluded *Bryonia* from a moment's consideration. It was not the *simillimum*, it did not fit the symptoms, and, although often indicated in pneumonia, could not possibly have relieved this patient. Hence not only its exhibition, but its continued repetition without improvement, was a mistake. It is the "uncommon," the "peculiar," symptoms which are guiding in the selection of a remedy, and these, Hahnemann says, "should bear the closest similitude to the symptoms of the desired medicine." When the *simillimum* was found it gave prompt relief and the Doctor was wise when he let it alone, even when the rusty sputa so clearly indicated pneumonia.]—Ed.

I saw him the next morning, February 11th, and found him in about the same condition as the previous morning, notwithstanding I thought he ought to be better. Repeated the same remedy, *Bryonia* 3x.

Feb. 12.—Found that he had passed a very restless night, was quite delirious, pain in left side about the same, did not turn on either side only at times when he was delirious. Cough, with considerable expectoration of bloody, frothy sputa; temperature 104. Continued *Bryonia* 3x.

Feb. 13.—Found the patient had a very bad night again; temperature 105; pulse rapid, but not so strong; some hoarseness and the patient growing weaker very rapidly. Phos. 3x.

Feb. 14.—Patient's symptoms about the same but becoming very much exhausted, refusing all kinds of nourishment. Continued *Phosphorus* 3x.

Feb. 15.—Passed a very restless night; delirium; talks about everything and thinks something has caught him in the side and holds him so he cannot escape. "My side is so hot; pour on a whole bucketful of water," was repeated several times while I was in the room. Drinks often and only a sip at a time. Has taken no nourishment. When not delirious, lies quiet with eyes half open. That morning the minister was called in and his prognosis was: "only can live a very short time." I thought his prognosis correct, but as long as there was life I was determined to try to save him. Gave *Arsenicum* 3x.

I saw him in the evening, found him more quiet, temperature 105, pulse weak and very rapid. Occasionally he would say that we should "Chase that black dog out; See! See! here he

comes!" His eyes were staring and very much agitated in appearance. In a few minutes he would cry out again, "There comes that black dog again! Oh! Oh! He has caught my side, take him off!" Not being quite so restless and delirium not so marked, I concluded to continue the Arsenicum 3x.

Feb. 16.—I saw him early in the morning; could not get him to speak a word, but the nurse said he worried continually about the black dog being after him during the night.

I told the friends I did not think he could recover, but I had put more study on the case and concluded if any remedy would do him any good it would be Stramonium. From that one persistent symptom, "the black dog after him," gave Stramonium 30x. I saw him again at noon and found that he had taken a little milk, was quiet, and did not speak of the black dog any more. I saw him again in the evening and found a marked change for the better, had quite a sleep and had taken some nourishment. Continued Stramonium 30x.

Feb. 16.—Found him greatly improved, no delirium and temperature 101. Doing well in every way. Coughing considerable and expectorating the rust-colored sputa so characteristic of pneumonia, but did not give him Phosphorus nor Bryonia nor Sanguinaria, simply continued the Stramonium 30x. I think a great many would have changed remedies that morning to one of the above-named because they are so often indicated in pneumonia with rust-colored expectoration. I left well enough alone and continued Stramonium 30x.

Never change remedies as long as improvement continues. He went right on to complete recovery, receiving an occasional dose of Stramonium. I think this case would have never grown so bad if Stramonium had been given earlier; in fact, I now believe it was the only remedy indicated from the beginning.

[The mental symptoms of every patient and of every disease, either acute or chronic, are, to the therapist, the most valuable. It is not often that Stramonium is the curative remedy in pneumonia, but when indicated by the symptoms it will, as in this case, do the work promptly and permanently. By a strict adherence to our law of cure, prescribing for the totality of the symptoms, treating our patients and not our pneumonias, we obtain the best results. We often learn more from our failures than our successes if we would profit by the lesson.]—Ed.

HYSTERO-EPILEPSY AND HYPNOTISM.

S. LILIENTHAL, M.D., SAN FRANCISCO, CAL.

From *Berlin Klin. Wochenschrift*, 44, 87.

At the October meeting of the Berlin Medical Society Dr. Sperling showed a case of hystero-epilepsy, cured with hypnotism. There was no hereditary disposition in the young man, all his brothers and sisters are well. He enjoyed excellent health till December, 1882, when he fell on the ice upon his occiput. He was carried home unconscious and for the following week he only complained of terrific headaches on vertex. Suddenly, while playing piano, a spasm attacked him with dyspnoea and dysphagia. Several such spasmodic inhibitions of breathing were observed for three months, then ceased for some time and then changed, while in the country, to another form: paraesthesia began in left toe and ascended to the heart, producing motions of swallowing, and beginning also in the thumb ascended to the head. Such fits could at any time be produced by touching the toe or thumb. For three years he enjoyed good health, and being overworked for a season the result was a return of the spasms, which now attacked both sides alike, and as they kept on increasing, he entered the Charite hospital. Here he had fits lasting from two to five hours, partially relieved by faradization. As central galvanization usually succeeds in breaking up these fits, it was faithfully tried, but with poor success. As soon as the electrodes were put on, a spasm recurred, tremor of left leg, then tremor of arms, of body, finally twitching of facial muscles, head being thrown about as in spasms of the hexipsores. This failure led to the application of hypnosis, so much lauded by French physicians in hysteria. The first hypnotic state was produced by the fixation of a shining object, which immediately caused a spasm. I urgently requested him to suspend immediately the spasm. I made him rise and walk, and as he favored the paretic leg, he was ordered to walk like a soldier, and he did it, till he fainted from over-exertion. This was followed by sleep, from which he awoke refreshed. Next day he was again hypnotized. I only told him to go to sleep, he had a slight spasm and slept then several hours. As motions with the tongue, as in chewing and swallowing, also caused tremors on different parts of the body, he was during hypnosis

ordered to move his tongue around in his mouth; he did it, fell asleep, and when he awoke he could move his tongue normally. On one of the following days he walked four miles without feeling tired. As he still complained of anxiety and headache I ordered him to go to sleep, to wake up without headache, be cheerful and attend to his business, all of which he does now cheerfully and considers himself a well man.

Hypnotism in the Charite hospital! The world still moves, and mere matter must take again a back seat. What changes take place in the twinkling of an eye in these cerebral cells, so as to follow the dictum of another person, we leave those physicians to unravel who believe only in material doses, which they can see with their own eyes. Everywhere we meet mind, spirit, dynamics gaining the victory over gross matter, and why it should be denied in therapeutics we fail to understand; nor can we see why such good men, like T. F. Allen, C. Wesselhøft, and other former stout adherents of higher potencies, now aid in destroying their own handiwork, as shown in many a good case; or can they explain by material facts the experiments performed by French physicians before a committee of the French Academy. There is many a thing which we cannot explain, but a mere denial does not overthrow naked facts, and the power of force over matter belongs to these settled facts.

Materia Medica.

LEONURUS CARDIACA: AN INVOLUNTARY PROVING.

CLARENCE BARTLETT, M.D., PHILADELPHIA.

A married woman, aged about forty years, believing herself to be pregnant, took an infusion of Motherwort in order to produce a miscarriage. Twenty-four hours later I was called in, when the following history was elicited:

Shortly after taking the drug she was seized with vomiting and retching, the latter predominating over the former.

During the night she had frequent calls to stool, the passages being dark-brown at first, and afterwards bloody.

There was very severe abdominal pain accompanied by soreness to touch.

When lying on the side she obtained some relief by drawing legs up toward the abdomen; but when on her back she preferred that the legs be out straight.

There was intense thirst, yet drinking more than a very slight quantity of water, whether warm or cold, provoked epigastric pains.

As the case progressed the stools contained a larger quantity of blood, but never any mucus.

Her conjunctivæ had a very dry appearance; in fact, one might be led to believe that it had been wiped dry.

The tongue likewise was dry and coated a brownish-white, and covered with cracks following an arborescent arrangement, the main crack or furrow being in the median line.

Her bowel symptoms were worse from midnight to 3 A.M.

Her pulse presented no special characteristic worthy of note.

Arsenicum 3x was given and she made a good recovery in three days. She did not miscarry. I have noted no symptoms occurring after the exhibition of the remedy given for her relief.

A NEW REMEDY FOR SCURVY.

S. MILLS FOWLER, M.D., ST. AUGUSTINE, FLA.

It is said that "there is nothing new under the sun." I was a soldier for four and a half years "during the war." I have many friends and acquaintances who also were soldiers, and not a few who were "more than I" "prisoners of war." A number of them have been my patients at one time or another, hence I thought that I had heard every kind of story that there was to tell; but here is one new to me.

One morning recently, Comrade F. A. Thomas called at my office to consult me in regard to a chronic otitis from which he has suffered since his army experience at the battle of Stone river. It was caused, as he says, by concussion of the dis-

charge of cannon close to his head. But this is the new story he told:

For nine months he was an inmate of that place, the history of which is the most diabolically black that ever disgraced the world's civilization—Andersonville prison. From two to three hundred or more of those poor, weak, starving mortals, hardly the semblance of human beings, were dying every day, a majority of them from that loathsome disease, scurvy, and from the thousands who did not die there was a constant prayer ascending, that they too might die.

Comrade Thomas was one of the victims of this disease, whose life was a torture by the side of which death each hour would have been an elysium. His legs were flexed upon the thighs and the thighs upon the body in such violent tonic contractions that it was absolutely impossible to extend them "even an inch," and any effort to do it was attended with terrible shocks of pain like the shocks of an electric machine "only more so." His only means of locomotion was upon his elbows and rump. To even move or carry him was "torture most exquisite." This is what he says cured him, and "every other one who took it."

There were growing within the stockade two large turpentine-pine trees. Of the pitch from these trees the patients would take "enough to make the water [urine] clear and white as crystal." The urine then was voided into any procurable dish and allowed to stand till it began to sour, which would require twelve to twenty hours. Of this urine the patients "took a good swallow four or five times a day." They report that from each and every dose they could feel its "good effect." Patients who had not stood on their feet, or even fed themselves for months were able to walk about in two weeks.

Mr. T. don't know how the treatment was discovered, or anything about it, except that it "cured every time."

Will some one or more venture an explanation of the *modus operandi*?

I believe that the cure was wrought as *every cure* is, under the law of similars, but what was the remedy?

Was it a nosode?

I have heard many tales of that purgatorial pit, but this is new and "struck me" amazingly.

Correspondence.

FOREIGN SKETCHES.

HAROLD B. WILSON, M.D., ANN ARBOR, MICH.
V.

GÖTTINGEN.

Heinrich Heine in his "Pictures of Travel," says that Göttingen is celebrated for its university and its sausages; that its population is made up of students, professors, philistines and cattle, of which, the last class is most clearly to be recognized; and further, that if he could have secured a piece of paper large enough, he would have embellished his book with a diagram of the feet of Göttingen ladies. This is all very fine for Heine, and both the sausages and university are really good, but after all it is rather rough on Göttingen, which is only a quiet little German city, and except for its university, no better nor worse than dozens of other similar small towns.

The university dates its origin from a century or two ago, and has become justly celebrated in all its departments. Its various portions are scattered over the town in one place and another, the hospitals appropriately enough standing on "Ghost" street. The eye clinic has an excellent, rather new, stone building, of moderate size, devoted to its uses. Its wards are not large, holding perhaps four to ten beds. The windows are provided with a series of curtains, usually drawn, so that the wards are kept darkened, more or less constantly. In spite of the absence of sunlight they seem to be clean and sweet enough, but they lack the cheerfulness of light rooms, and cannot be comfortable places to stay in. Special quarters outside of the building are provided for trachomatous cases, so that the dangers of infecting other patients with their disease are reduced to a minimum. Professor Leber, who has charge of this clinic, is one of the most delightful of men. His manner of addressing and handling patients is rather different from that of most German clinicians. In his hospital rounds he seems eagerly solicitous for their welfare, often addressing them as "Liebe Frau," "Lieber Mann," etc., in the most kindly and reassuring way. He is a small, active man, somewhat bald, and with the pleasantest sort of a gray-bearded, smiling face. In his lectures he is quiet and con-

versational, often leaning over the back of a chair, or sitting with his legs crossed, while the tops of his shoes and stockings peep from under his trowsers while he talks.

Operations are made in an ordinary operating chair, and with antiseptic precautions of course. All cutting instruments are placed in absolute alcohol, the others in carbolic acid solution before using. For anæsthesia a five-per-cent solution of Cocaine is used, applied four times, at intervals of one minute, by the watch. Cataract extractions are made by the v. Græfe method, the iris excied by one snip of the scissors, concave face downward; Færster's forceps are employed in place of the cystitome, in cases of thickened capsule and in immature cataract, and Professor Leber spoke very highly of them. In two cases of those in which I saw them used, the entire lens, capsule and all, came away when traction was made, but aside from a slight loss of vitreous in one of them, there were no complications resulting from the accident. After extractions the eye is washed with sublimate, Iodoform dusted into it, and the roller bandage applied, after which the patients arise and walk to their wards. In a case of strongly convergent squint, one eye only was operated on, swung into position and kept there by a thread passing through the conjunctiva near the cornea, and carried from there through the skin at the outer commissure. Two days after, when this thread was removed, the eye again deviated strongly inward. Pterygium is removed by a special form of knife, having two right-angled bends in its shank, making it bayonet-shaped, and special pains are taken to detach it thoroughly from its corneal attachment. Professor Leber showed me an interesting case of cataract in an eye in which detachment of the retina had previously been diagnosticated, but where the light perception seemed almost normal, and in absence of any previous knowledge of the case would have been sufficient to justify extraction. Progressive corneal ulcers are treated by the Paquelin cautery, concerning the use of which Professor Leber said, that if one can be sure to cauterize the entire body of the ulcer, and that only, the results are brilliant, but the trouble is, there is no guide as to the depth the tissues are to be cauterized. In treating cases of lachrymal stricture after Bowman's operation, the balloon and hollow probe are used, and the duct irrigated with Permanganate of Potash.

The upper canaliculus is that usually chosen for the operation. Operations for secondary cataract are made by artificial light. In refraction tests, the eye not used is covered with a small black pad, held in place by a rubber about the head, and although this is a simple and very convenient expedient, curiously enough, I did not observe it used at a single clinic other than here.

At the time I was in Göttingen, everybody was busy making preparations for the One Hundred and Fiftieth anniversary of the founding of the university, which event was to be celebrated with all the holiday festivities and abundance of beer that commonly mark such occasions. There were to be dukes and princes, professors and students without end, to assist; but my stay was too brief to permit my witnessing the event.

HALLE.

I hastened to Græfe's clinic at seven o'clock the morning after my arrival in Halle, took a seat in the lecture room, and waited for the "academic quarter" to expire and for the professor to appear. While waiting I had time to admire the room—its neat, comfortable seats, its large light window and, most of all, the beautiful porcelain panels in the wall back of the lecturer's desk, copies of the Sømmerring memorial to the immortal genius of Albrecht von Græfe, whose bust stands conspicuously upon a bracket between them. At precisely a quarter past seven Professor Græfe trotted into the room and commenced business at once. He is a little above average height, though not noticeably tall, owing perhaps to a slight stoop in his figure. His hair, a charming mixture of black and white, is worn in a thick pompadour, and so far shows no signs of growing thin. His beard is full, but short and sparse; perhaps you would call it grizzly. In talking to the class, his gaze, for the most part, is directed down toward the front seats, and is seldom allowed to wander over the room; when it does stray a bit, however, a pair of kindly eyes look out over his spectacles for an instant, and then quickly return to their place on the front row. His conversation and lectures are *prestissimo*, except when the loss of a word causes a sudden stumbling for a moment. It was not easy to understand him, everything was delivered so fast. His actions, too, seem to be made in double-quick time, and there is little idling over

small matters. His assistant, Dr. Bunge, also affects the pompadour, and has the face and manners of an actor, much to the amusement of his patients. He is full of resistless force and there is an energy about him that carries things along in spite of themselves.

The buildings of the university medical clinic are beautifully situated on a high commanding piece of ground, and occupy some twenty acres. They are built of yellow brick, are new and splendidly equipped. One of these buildings is devoted to the eye and ear clinics and hospitals. Professor Græfe's wards are large, roomy, clean and light, with plenty of space between the beds, while all the appointments are everything that could be desired. The operating room is large and well lighted; the floor is tiled, and slopes toward the centre of the room, where there is drain, thus permitting thorough and easy cleansing of walls and floor. The operating bed is a low, leather-covered affair, so arranged as to permit the free use of sublimate, with at most, only a moderate drenching of the patient's clothes. About it or on it the operator and his assistants sit. Instruments are cleaned in absolute alcohol, and dipped in sublimate just previous to use. As a rule, the eye speculum is not employed, retractors being used instead; in some cases, fingers only. Professor Græfe is an earnest advocate of evisceration of the globe, in place of enucleation, except in cases of malignant growths, and has performed the operation over three hundred times, without a single bad result. After abscission of the cornea, the contents of the globe are evacuated by means of a sharp spoon devised for the purpose, by the aid of which everything is rapidly and accurately removed. In the hospital was an interesting case, bearing on the question as to the contagiousness of tuberculosis: A woman whose husband had recently died of phthisis, showed marked tubercular conjunctivitis of the left eye and tubercular infiltration over the left side of the face, ear and neck; elsewhere there were no signs of the disease. Now it was found that her husband had always slept at her left, and his breath had been received, night after night, on that side of her face, the obvious result being the present infected state of that part. Dr. Bunge kindly showed me a typical case of pemphigus of the conjunctiva, upon

which seven fruitless operations had already been made to relieve the symblepharon. It is a rare enough disease to render every case of it interesting. But for the eye symptoms, there were no signs of pemphigus, except in the throat, where the characteristic bullæ were to be seen. The comparative value of cutting off and cauterizing the granulations of trachoma were tested in a case coming under my observation. Both procedures were very painful, and the former seemed to give the better results. One curious case was shown, in which the patient had for forty-five years considered the vision of the right eye as lost, and having some trouble with the other, had come into the hospital for treatment. Examination showed the lens of the right eye luxated into the vitreous, media clear, and with the proper glasses, $V=1$. The patient was greatly surprised to find the vision of that eye made normal by glasses.

Leaving Halle I hastened to Leipzig and thence to Berlin, paying my respects to the "Augen-Klinik" in both cities, picking up odds and ends of information, which space will not permit relating, and at last, turned my back upon the German universities with a profound respect for their methods, which are certainly worthy of our sincerest admiration, and the universal extension of which would, in some respects, seem like a millennium in medical education.

OUR FOREIGN LETTER.

Recent war in The Times between Homœopaths and Allopaths—Unseemly Squabble over Disraeli's Death-bed in 1881, and Richard Brudenell Carter, the tenth-rate Oculist's part therein—His Ludicrous Errors in the present Controversy and their Correction by Laymen—Judicious "Leaders" in the Times winding up the Fray—Importance of giving the Allopaths "no quarter"—The Crown Prince again, Everybody sick of Him—Pasteur's Plan of "Curing" the Australian Rabbit Pest—Madame Pommery's Vineyard—Pasteur to the Rescue—Complete Destruction of the Minatory Rabbits—Pasteur's Restoration of the French Silk Trade—His Salvation of Thousands of Sheep and Oxen—Curious Prejudices of certain Homœopaths against his Hydrophobia Cure—Nemesis in the shape of a Bust of Hahnemann Overtakes Professor Oliver Wendell Holmes.

Those of my readers who like a good scrimmage should read the correspondence which under the title of "Odium Medicum" occupied the columns of the Times during a whole month.

The entire correspondence is republished in pamphlet form by Messrs. Epps & Co., Threadneedle street, London. The controversy recalls a similar one in the columns of the same journal in 1881, at the time of Lord Beaconsfield's death. This statesman (Mr. Disraeli) had long been a patient of Dr. Kidd's, and when it became evident to all, that his life was drawing to a close, Her Most Gracious Majesty, the Queen (instigated there-to probably by her Allopathic advisers,) took upon herself to meddle and muddle, and commanded the dying man to submit to a visitation from Sir William Jenner, the Court physician. Lord Beaconsfield, with commendable loyalty (to his old and trusted family physician, if not to his sovereign,) insisted upon retaining Dr. Kidd. Sir William Jenner refused to consult with Dr. Kidd, but went through the form of examining the illustrious patient, keeping his back steadily turned upon his confrere who was present—his conduct in this respect being in marked contrast with that of Dr. Quain, the other court physician called in, who agreed to consult with Dr. Kidd. This detestably mean conduct on the part of Sir William Jenner, sacrificing every sentiment of decency to professional spite, excited great indignation among the public at the time; but the event showed that Sir William had reckoned correctly enough with his constituents, for the election for the presidentship of the College of Physicians taking place shortly afterwards, Sir William Jenner was elected by an enormous majority, while Dr. Quain, the gentleman who had consulted with Dr. Kidd who was the other candidate, was nowhere. Indeed, the illustrious baronet's conduct on this occasion so endeared him to his fellow practitioners, that he has been annually re-elected ever since.

The Times, on this occasion, admitted a few letters on Homœopathy from Drs. Dudgeon, Dyce Brown, and others, but soon closed the controversy with a short sub-editorial paragraph bristling with the usual mis-statements, and briefly dismissing Homœopathy as "a fraud or a fallacy," in the usual high-handed Allopathic fashion. This paragraph though unsigned and thus endowed with all the authority of the august editorial chair, was known by us to have been written by a certain Richard Brudenell Carter, a tenth-rate oculist who has achieved a certain notoriety by constantly pushing himself forward at meetings to establish free libraries, nurses' associations, etc.

In the recent controversy this gentleman (?) was compelled to take his proper place in the arena among the combatants, instead of usurping the post of umpire, judge and jury, as he did on the first occasion. His inordinately long letters were signed R. B. C., and at once became an immense prey to a horde of assailants who fastened upon his numerous errors and absurdities. Only a small number of his antagonists were Homœopathic doctors, such as Drs. Dudgeon Dyce, Brown, etc., the remainder being laymen. A correspondent signing himself "Sceptic" is known to be a great scientist, and he very thoroughly refuted R. B. C.'s bad science, while a Fellow of the Geographical Society proved that he was no less than 5,000,000,000 cubic feet out of his reckoning in those time honored figures about the planet Uranus, which R. B. C. had trotted out for the hundredth time from that old trashy pamphlet of Sir James Simpson, "Homœopathy, its Tenets and Tendencies." Another "Layman" had a little peck on his own account at the fool-hardy Allopathic champion, pointing out that Doctor Dalton was not, as R. B. C. stated, a medical man, but a school-master and doctor of civil law. The editor of the Times wisely acted as judge himself, instead of relegating the post to one of the combatants, as was previously done, and it must be owned that he fulfilled his task with great impartiality, awarding the palm leaves to the Homœopathic champions who had certainly earned them. [The Times editorial will be found on another page.]—Ed.

All this shows more convincingly than ever that no terms should be kept with Allopaths. Their attitude toward us is that of Bre'r Fox to Bre'r Rabbit—they will "hurt us all they can." It has been proved over and over again that they stick at no mis-statement and no falsehood in order to misrepresent our opinions and aims to the public, and our only safety lies in meeting them with their own weapons. Machiavel in his "Advice to a Prince," tells uells us that if we have once made up our minds to inflict an injury upon a person, the injury should be of such a nature as to extirpate him thoroughly so that he will never be able to revenge himself. Unfortunately it is not in our power to destroy the Allopaths utterly (as the Israelites were in the habit of doing with their enemies), but we can make ourselves much more formidable than we do, and we can at all events abstain from any ill-judged attempts at conciliating them.

I hope you are as sick of the Crown Prince over in America as we are here. Nothing is more astonishing than the manner in which the public allows itself to be taken in repeatedly by the same stale devices. It is quite well known that cancer of the throat (I have had two cases in my small practice) goes on for a year or two without causing great inconvenience to the

patient; yet whenever the Prince is tolerably well for a week or two the public is assured that his complaint is not cancer; while, on the other hand, whenever a relapse takes place the cancer-diagnosis is revived "in its pristine hideousness."

A much more interesting subject (to me) is Pasteur's proposed remedy for the rabbit plague in Australia. Several of his representatives have already started, taking with them the "microbe-culture" of the *cholera des poues* or chicken cholera. M. Pasteur's plan has already got beyond the stage of experiment for he has tried it with complete success on a small scale. Madame Pommery, the owner of the vineyard producing the well-known priceless brand of champagne, lately conceived the ill-starred idea of introducing a colony of wild rabbits within the high walls of her celebrated vineyard "in order to afford sport for her grandchildren." The rabbits burrowed in every direction in the chalky soil, destroying the roots of the vines and threatening to undermine the famous cellars where the champagne was stored. After tryin in vain all the usual expedients of carrots steeped in a solution of strychnine, steel traps and nets, etc., she applied to M. Pasteur who sent his assistant to help her. The soil was carefully strewn with grain steeped in a bouillon containing the cultivated microbe of chicken-cholera; in the morning all the food had disappeared and though a heavy fall of snow covered the ground on the following day, no foot-prints of rabbits were seen upon it, showing that they had all retired to their holes to die. In this manner Madame Pommery was entirely freed from her rabbit pest.

In the controversy concerning the efficacy of the Pasteur treatment of hydrophobia, which from its very nature cannot be decided one way or another for many years to come, the very important past achievements of M. Pasteur are too much lost sight of. The silk trade of France has been restored after it had been almost totally destroyed by the ravages of a disease among the silk-worms—this disease was stopped by M. Pasteur by means of the cultivated microbe of the complaint. Thousands of sheep and oxen were likewise saved by him by inoculations of the cultivated microbe of charbon or splenic fever. The principle is the same as that of his hydrophobia cure. Nothing could in fact be more Homœopathic, and the law upon which these processes depend is probably the same as that underlying Hahnemann's great discovery. Yet through some unaccountable perversity many of our leading Homœopaths—among them Dr. Dudgeon, so sound in every other respect—attack him most violently. We are told that treatment of hydrophobia with hydrophobia virus is not according to the law of similars, because the virus is identical. So it is in one respect but it has been so modified by cultivation that its effects are very different from that of the original poison—just as vaccinin,

which is small-pox in the cow (this was long suspected and has now been proved by Professor Klein) is modified by passing through the calf. [See Hahnemann's remarks on Psorinum, vol. i., *Chr. Dis.*, p. 195.]—ED.

I see that Oliver Wendell Holmes in his "Hundred Days," complains that while in Malvern he was made quite ill by the contemplation of a bust of Hahnemann which stood in the window of a Homœopathic pharmacy exactly opposite his lodgings. So unwell did the sight of this "monstrous effigy" render the sensitive professor that he had to retire to a small and stuffy back room where the air was so confined as to cause him to have a serious illness. Considering the measureless abuse to which Professor Holmes has treated Hahnemann, it is only poetical justice that the latter should at last have inflicted a "mauvais quart d'heure" on his traducer.

CANNES, France.

ALFRED DRYSDALE, M.D.

Surgery.

STRANGULATED HERNIA.

GEO. H. TAYLOR, M.D., NEW YORK.

The difficulties and dangers connected with strangulation of rupture arise, in general, from a radical misconception of both the nature and causes of the accident. Misconception leads easily to fatal mismanagement. Speedy, safe, certain and entirely painless removal of strangulation, and consequent reduction of the protruded mass, is feasible. This result depends on a clear comprehension of the intrinsic nature of the affection and the mechanico-physiological principle on which its existence depends. It is the present purpose to set forth these principles in an intelligible, and at the same time, practical way; to give such details and explanations as will enable *any* physician, even though unfamiliar with surgical processes, to secure success, even in cases that must otherwise be doomed to fatality.

The practical application of the principles to be explained is of equal value in cases of inguinal, femoral, or scrotal strangulation; whatever may be the size of the sac or the degree of peril the sufferer may be in.

The contents of the hernial sac, are usually regarded as a

structural mass of practically solid material. It is this misconception that dominates the procedures for its reduction, or return to the abdominal cavity. The problem, as usually presented, is that of crowding the mass through the narrow, irregular and sinuous channel through which it escaped, by direct manipulation, or taxis; or, failing in this, to enlarge the opening by the knife and by stretching, till the protrusion returns. This method is hazardous, of uncertain success, and unnecessary.

The contents of the sac, however solid in appearance, to the touch, and other exterior tests, are, in fact, mainly fluid, and should be treated as fluid. A bladder, fully distended with air, is also hard and resisting, and could not be forced through a small opening. But it is easily pricked, and immediately accommodates itself to any requirement.

So, also, may the contents of the strangulated hernial sac be passed without difficulty *as fluid*, through any opening, however restricted, irregular, inflamed and clogged; whatever morbid qualities these contents may have acquired. It is only necessary to employ remedies corresponding with the nature of the case, that is, adapted to transfer fluids.

The scientific propriety of regarding the contents of the hernial sac as mainly fluid, appears, when we consider these contents separately. The more formidable the size and the greater the appearance of solidity, the greater, in general, the actual preponderance of fluid. The fluid ingredients enter the sac by the arterial vessels. They are retained and accumulate through restriction of the outlet or venous vessels at the hernial neck. The growth of the tumor and its firmness are largely due to accumulation through arterial pressure. The local capillary network becomes enormously dilated and the thinned capillary walls allow the more fluid parts of their contents to escape into the exterior space, till further increase is checked by the limited elasticity of the exterior coverings. The cells, fibres, membranes, etc., forming the structural elements of the contents of the sac do not, under these circumstances, increase in structural, but only in fluid ingredients. Neither the fluids imbibed by the inert structural substance, nor the free fluids, can be discharged from the sac, till proper exit is provided.

It thus appears that the relative amount of the structural ingredients of the hernial sac, is insignificant, and that the adven-

titious fluids with which these ingredients are associated, gives them a factitious importance which entirely disappears when the mass is treated as though it were fluid. The deceptive appearance of the hernial mass is maintained so long as it is treated as so much solid, and in bulk.

The first step, therefore, in dealing with strangulation is to provide an adequate method for disposing of the fluid contents of the hernial sac. The least degree of the realization of this purpose affords exit to the pent up contents of the sac, and hence, relieves strangulation.

The superior facility of disposing of a given amount of substance in a fluid state arises, of course, from the extreme divisibility of fluids. Instead of being called upon to dispose of a mass, it is only the drops, or even fractional parts thereof, upon which control needs to be exercised. A succession of these depletes the mass. It is not the hernial mass, but its fractional parts which require reduction. And it is no longer strangulation, but the suspended powers which ordinarily move forward the local venous blood, which demand attention.

Now, nature provides means of exit for all incarcerated fluid, including the hernial, by the venous vessels. The passage of venous blood *from* the hernial sac requires the operation of only physiological causes, the anatomical or structural conditions being present. But physiological forces require to be supplied in adequate degree. Luckily for this emergency, these forces are at hand, and only require intelligent direction.

It is likewise needful to consider just what the hernial sac is, to avoid treating it also as what it is not. The hernial and abdominal sacs are really one ; the hernial is but a bulging out of the abdominal. The walls of the two are continuous, as are also the contents. The pressure within the two sections of the common space is the same. Should morbid conditions within the hernial section cause local increase of pressure, such increase is advantageous in assisting the return of the pent up hernial fluids. The best conceivable remedy consists in super-inducing such differences of interior pressure as shall drive the contents from one to the other section.

It is further to be presumed, that the cavity, contents and walls or covering of the abdomen, the ruptured and unruptured portions alike, are amenable to the same physical laws as other objects: that mechanics, hydrostatics and gravitation are addi-

tional to physiological existence; that in the emergency of protrusion with strangulation these laws are operative and obedient to conditions, as in health; also that the powers of the organism, vital and physical, may be combined, separated, guided and directed by the intelligence of the physician. It is by such ordering of laws that the conditions producing rupture and strangulation can be controlled and even reversed; in which case, these manifestations cease.

It now remains to show that the laws referred to, well understood, are more than sufficient to meet successfully all emergencies of strangulation of rupture, however difficult or grave; and that the usual remedial procedures for these cases are, at the very best, supererogatory.

The practical application of the principles above foreshadowed, for the actual removal of strangulation and the reduction of the hernia, should proceed by stages as follows:

1. Place the patient on a hard bed, lying on his back, his feet drawn up to his buttocks. Raise his hips till thighs and trunk are in one diagonal line from knees to shoulders and head. Prop his hips with hard pillows, so that the same position may be substantially maintained during the struggles arising from retching, pain and nervous uneasiness, during the few moments preceding relief.

In the position described, the contents of the abdomen gravitate *from* the hernial region. This consequence is seen and felt, in the change of form of the exterior wall of the belly, which crudely indicates the location of the interior mass.

If the contents of the common cavity were liquid, it is plain that in obedience to gravitation they must flow *from* the hernial portion of the cavity, and consequently accumulate at the diaphragmatic portion; this change becoming necessary to maintain their level. The passage of fluid from the one to the other portion of the common cavity necessarily operates to drain the hernial sac. The venous blood-vessels are direct channels of communication between the two portions of the cavity; the pressure is the same in both, and drainage through the vessels, even though it be but a slight percolation, is an inevitable consequence, at least so far as gravitation is capable of producing this effect. That considerable obstacles may be overcome by this unaided power is shown by the fact that steam boilers are in this way supplied with water, against steam pressure.

2. The *structural* solids of the common cavity must have separate consideration. The rupture is an artificial, irregular canal or cleft, in which some portion of omentum, or knuckle of intestine is imprisoned, and thus restrained from obedience to the force above shown. The imprisoned part is a neck, having a body, or bulkier portion, exterior to the canal. The obstacles to the return of the structural part of the sac consist, therefore, of this bulkier exterior body; the irregularities of the closely-fitting neck and canal; and the fixedness or adhesion consequent upon these. But the structural as well as the fluid contents of the abdomen also gravitate. The least degree of this force is therefore represented in the hernial neck as tension, since the neck is an extension from the intestinal mass. The degree of tension or strain at the fixed point or neck is the measure of the gravitation. The contents of the abdomen are, therefore, practically suspended from the hernial neck by a segment of the incarcerated gut. The forces engaged in causing protrusion are exactly reversed. The protrusion is withdrawn whenever the tensile force within the abdomen becomes equal to the sum of the resistances above stated. But these obstacles clearly do not apply in any degree to the *fluid* contents of the sac. This indicates the necessity of separate consideration.

Interior traction, or pulling of the proximal segment of intestine is therefore available, to detach or release the imprisoned portion, and to cause its retraction. This application of force to draw in the structural ingredients of a protrusion may not generally be necessary, but whenever there be need, can be increased with perfect safety to any extent desirable. A certain degree of tension, as we shall see, is extremely useful in facilitating the escape of the imprisoned fluids.

3. Clasp the hands of the patient over the crown of his head and make him bear strongly upon it. *Keep his hands in this position.* In this way the exterior walls of the chest become fixed and immovable. The respiratory muscles of the exterior walls are stretched and tense, and therefore prohibited from both contracting and expanding. They cannot participate in respiratory movements, directly or indirectly, whether under incitation or in quiet. Respiration is not, however, in the least diminished or less effective; only the action of its mechanism is changed. It has become wholly diaphragmatic. The usual thirty cubic inches of air is still displaced at each respiratory

movement, and the diaphragm moves to an equal extent. The diaphragm is the inferior, but not an exterior wall of the chest. The whole mass of the contents of the abdomen lie practically *between* the diaphragm and the anterior wall of the abdomen. It follows, from the position of these contents, that *the whole mass must recede from the hernial region at each respiratory movement*; and that, were a vacuum possible, the intestines would become separated from the hernial end of the cavity.

Respiratory rhythm resembles in its reciprocating form the movements of a piston. As relates to fluids reached by its influence, the mechanical effects are similar. An inflow of fluids in each case follows the receding motion. The tendency to vacuum, or more correctly stated, the atmospheric pressure at one part, caused by its partial removal at another, becomes effective, in case of respiratory action, in producing an inflow of minute rills of fluid in the direction of the seat of the pump-like action, that is, toward the cavity of the abdomen. An outflow of fluids from the hernial sac through the connecting neck, is necessitated by the mechanical conditions.

But the hernial contents are already under the influence of gravitation. Respiratory action, including the whole of the mechanico-vital force engaged in the act, now becomes an additional force auxiliary to, and far more potent than, that of gravitation, urging the withdrawal of the fluids of the hernial sac into the cavity of the abdomen.

That the mechanical effect thus developed is concentrated at the hernial neck becomes evident from these considerations. The seat of the hernia is the most yielding of any part, as is proved by its existence. It is here and here only, that there is a continuous vascular connection between the two cavities, if we consider them as separate. It is here only that there is no peritoneal interruption to the mechanical effect described. That only the point of least resistance yields, while the remainder is unaffected, is shown as truly in the removal as in the production of a rupture.

There can be little, if any, impediment to obedience by the fluids of the hernial sac, to the differentiation of pressure caused by the conditions described. If it be assumed that the venous connections are impervious at the neck, the same cannot be assumed of the inter-spaces of tissue of which the neck is composed. These are filled with fluid, an outflow of which is

caused by the least variation of pressure. The compressed venous capillaries are thereby released, and an outflow of their contents necessarily follows, and strangulation is relieved.

The mechanical influence of the respiratory and other forces when concentrated at the hernial neck will, perhaps, be better understood when expressed in terms well known in surgical practice. Incarcerated fluids, such as pus, urine, pleuritic and other affusions into cavities, are often removed by a process called *aspiration*, for which the word, sucking, may be regarded as an equivalent. In the position and under the circumstances described, the respiratory movements perform the same office in respect to the fluids of the hernial sac. The respiratory movements are, in fact, an aspiratory force, which may with propriety be designated, *auto-aspiration*. It is a power which compels obedience of all fluids whose channels lead toward the abdomen. It is a conceded necessary factor for the physiological return of the venous circulation from the extremities against gravitation—a greater power than is required for the aspiration of the strangulated hernial sac.

4. Gravitation and auto-aspiration are merged as one force in producing tension of the proximal segment of the incarcerated intestine. This tension of the interior portion of intestine is interrupted in form, corresponding with the motions of respiration; a form particularly adapted to detach adhesions, and to loosen the portion of intestine confined by the narrow canal in which it is engaged.

Tension of the segment of intestine within the abdomen produces another effect, favorable to the purpose sought. The intestine is elastic; and when pulled inwards, its tissues are elongated at the expense of thickness. The hernial neck is made narrower than the canal and, therefore, loose within it. Tension of the neck straightens both it and the canal enclosing it, and thus further facilitates reduction by abolishing mechanical obstacles at the point of restriction.

It is of interest to remark at this point that the effect of traction of the intestine from within, is exactly the reverse of that of pushing it from without, under the name of taxis. While the first mentioned process diminishes the size of the neck and straightens it, detaches adhesions and removes irregularities. The pushing method reverses these mechanical conditions: it folds and presses together, and renders fixed, the relations of

neck and canal. It also bars the escape of the fluids imprisoned in the hernial sac. It is liable to injure the tissues which have become thinned, softened and unresisting, and produces needless pain.

The practical application of the principles above explained, will in general, prove sufficient to remove strangulation and to allow the strictured contents of the sac to glide, painlessly and almost unconsciously back, beyond the interior extremity of the canal; and no application to the exterior will be required to maintain this effect.

6. Additional means may, however, be employed to increase the efficacy of the principles shown, and render them equal to the requirements of the most desperate cases.

One of these is reflex nervous incitation, so applied as to increase and extend respiratory rhythm, and therefore the effect of auto-aspiration from the sac. The immediate purpose is to deepen the rhythm, to increase the number of cubic inches of air respired, and therefore, the tendency to vacuum in the hernial portion of the cavity. The aspiratory effect is proportionally increased. The readiest way of securing the object is this: While the patient remains in the position described, the physician puts his hand upon the patient's abdomen, near the symphysis pubis. This act engages the nervous powers of the organism at the designated point, irrespective of his consciousness. It also fixes the attention of the patient at the same point, thus doubling the sources and the effect of the incited nervous powers. The vital system has no longer a divided occupation; it devotes itself solely to the extension of rhythm, which thereupon becomes deeper, as indicated by the increased degree of the rising and falling of the abdomen under the hand. The abdominal muscles act strongly, and aspiration from the sac is hastened, and all mechanical obstacles thereto are overcome.

Auto-aspiration is further promoted by causing the hand of the operator to apply compression to the abdomen, synchronous with the movements of respiration. The hand bears with considerable weight *during expiration*, and forces from the chest an unusual amount of residual air. The compression is removed during inspiration, and its degree is necessarily proportioned to the expiration. In this way the aspiring force, withdrawing the occluded fluids, may be very greatly increased at the option of the physician.

7. The tension of the interior or proximal portion of the imprisoned intestine is increased by the action above described. This tension, which, by facilitating the flow of fluid from the veins and tissues of the sac, and by diminishing through stretching the dimensions of the structural elements, is doubly useful, and may be increased at will. The increase of tension is painless and safe, because only strong and healthy tissues are subjected to it. The structural parts *within* the sac have been weakened by turgescence, by inflammation, by defective circulation, and perhaps by ill-advised manipulation, and are incapable of bearing similar treatment without damage.

The tension of the neck produced under preceding parts of this process is caused by gravitation, and increased by the respiratory motions. To these forces is easily added the direct compression of the hands of the physician, to any degree that may seem fit. One or both hands being placed on the abdomen near the pubis, the mass of the intestines is pushed, with a strong, stroking motion, *from* the hernial end of the cavity. The operator's hands engage with the intestines, through the yielding walls of the abdomen, and these are urged before them, in proportion to the power applied.

The whole force thus applied at the exterior, is necessarily transmitted to the attachment of the intestine at the hernial neck. The force of the operator supplements the previously-described portions of the process in detaching the imprisoned gut, should additional force be required. The last described action may be necessary for severing adhesions which perhaps have long existed in cases of hernia previously found irreducible.

8. The hands of the patient should remain clasped over the patient's head, and his thighs and trunk in inclining position till the strangulation is removed. Relief comes at once, and complete reduction follows in a variable period, from a few moments to a few hours, according to the degree of morbid change the contents of the sac may have suffered from delay. The time required for complete reduction is in no proportion to the size of the tumor. Exterior assistance may be supplied according to the judgment of the physician; not by pushing, but rather by aiding in detaching portions of the neck, kept from receding by the sharp tendinous edges of the canal, especially in the femoral form of hernia. In no case is the least pain or even inconvenience given the patient at any stage of these remedial

procedures. On the contrary, suffering is usually abolished at the early stages of the process, and sedatives are not needed. A bag of pounded ice applied to the tumor is of service, and in general should be employed. The local tenderness, soreness and pain yields from the beginning ; the vomiting and retching also cease. If there be strong evidence of grave morbid changes within the hernial sac, the rate of auto-aspiration should be made to proceed slowly. In this way the possible consequences of too rapid additions of dead, possibly septic material to the circulation, would be obviated.

It is not expected, nor indeed is it needful, that the above-described stages of the curative process be servilely followed. The purpose is to render important principles intelligible, rather than give precise directions. The physician should understand that while principles are substantial and permanent, their practical application admits of adjustment to accord with the special character of the case in hand. A large variety of methods are described in "*Pelvic and Hernial Therapeutics*," from which selections may be made. These, however, are mostly adapted to the requirements of chronic rupture, and affections, within the pelvis.

The principles above set forth may perhaps be more fully illustrated in describing an additional remedial process, adapted to produce similar effects. The process to be described may be used in alternation with that above particularized, or instead of it, as may be judged proper.

The purpose is to cause simultaneous aspiration and tension of the inner portion of the invaginated intestine, and may be resolved into the following particulars :

Elongation of the upper end of the abdomen, thus causing its contents to *recede* from the opposite or hernial end.

Reversal of gravitation of the whole mass of contents of the abdomen.

Expansion of the diaphragmatic portion of the cavity, and consequent transfer *from* the hernial region of the abdominal contents.

Involuntary muscular effort at the hernial region, caused by necessity of maintaining balance, which also greatly increases rhythm. These effects converge at the point of hernia in the form of tension.

These different parts of the process unite in producing both

aspiration and tension of the imprisoned intestine; effects secured by the following procedures:

The patient lies extended on the floor or a hard couch, face downward, supported by the elbows, which are perpendicular to the shoulders.

His legs are seized by the operator, one arm being passed under the thighs about midway, while the other hand grasps both legs below the knees. The patient's legs and trunk are now raised so that they shall be in a straight line, diagonal to the floor, and in the same act carried back, so that while the elbows remain at the same spot, the arms shall be in line with the trunk and legs, the whole length of the body making a single diagonal line of such degree of inclination as the operator may elect.

The patient is retained in this position momentarily, or during a few respiratory motions, and is then permitted slowly to recede to the commencing position. This process may be many times repeated, allowing a few moments to intervene between each repetition.

This process may be executed slowly; the effects above stated are then mild but very positive and unequivocal. Or, it may be executed with rapidity, in which the tension of the interior or proximal segment of the entrapped intestine is exceedingly vigorous; a strain is produced capable of disrupting old and extensive adhesions when these are in the way of reduction.

The aspiring effect thus secured is equally strong. The suction of the interior of the venous vessels, together with the narrowing of the gut by tension, causes not only outflow of venous blood, but also of the intestinal fluids of the neck and sack. This movement of the combined fluids is a necessary consequence of causing space, or tendency to vacuum, contiguous to such fluids. An outlet is made for all fluids within the hernial sac, and strangulation is removed.

The above detailed descriptions of methods for relieving strangulation and for the radical cure of both it and the accompanying hernia, may, it is conceivable, invite criticism on two points. One is, the actuality of auto-aspiration; the other is, the sufficiency of mechanical energy, which, by the means described, may be thought to bear on the interior segment of

the invaginated and fixed intestine. For physicians who have had no experience with methods similar to those above detailed, only rational considerations are available; those who have experience or observation are already satisfied, and require no further proof.

As to auto-aspiration, it exists in sufficient degree in health to return the venous circulation from all non-muscular parts, as the pelvis, the head, the visceral organs; and with irregular muscular assistance, from the extremities. Any one can, by *voluntarily forced* respiration, cause the head to become dizzy, and the feet cold, in a few moments. These are unquestionable consequences of voluntary auto-aspirations.

Aspiration commences the moment differences of pressure begins, between the two portions of the cavity. When the neck presents mechanical obstacles, aspiration begins when the difference of pressure rises to the degree necessary to force the obstacles out of the way. In strangulation, the desired difference of pressure is initiated by hydrostatic force, superinduced by changed position and relations of parts. To this is subsequently added the mechanical force derived from rhythm, from forced rhythm, from extension, from gravitation, and from involuntary muscular incitation or struggle. These are combined by the processes, as a single aspiratory or suction forces.

The aspiratory effects are practically apparent in a few moments after the conditions described have been complied with, so that positive demonstration follows hard upon the rational considerations.

As to the amount of mechanical energy brought into exercise and expended as interior tension of the entrapped gut and omentum, the reader is invited to *estimate* the value of the following contributory particulars:

The tension produced at the hernial neck, by suspending the abdominal mass from it. This suspension is a practical part in the position assumed.

The tensive effect of the oscillatory motion communicated by rhythm, in connection with the suction or aspiration acting on the structures, all acting *with* instead of against gravitation.

The amount of pull extending to the hernial region from the action of the muscles of the chest when these are under extreme tension.

The amount of interior pull caused by the sudden raising and expanding of the diaphragm, as when the piston of a pump is suddenly raised.

The amount of push, acting in the same direction and therefore auxiliary thereto, caused at the hypogastric region by reflex incitation or struggle.

The amount of tension of the confined intestine by the compression of the abdomen by the hand, urging their contents *from* the point from which the intestine is suspended at its neck.

The advantage offered by oscillatory motion caused by respiration, in detaching the entrapped intestine.

The advantage of the co-operation of all these conditions in causing return of the structural parts to the abdominal cavity.

The increase of detaching power, by the exercise of tact and, especially should circumstances require, of making the combined tractive forces *suddenly* operative.

The following obstacles may exist previous to an attempt at relief at strangulation by the means above pointed out. The patient may be *moribund*, so that auto-aspiration becomes impossible from lack of the indispensable instrument. In case of sphacelus, even the return of the protrusion may not obviate a fatal issue.

Another condition is conceivable by the neophyte, but can not be conceded as existing separately from those above stated. This is, imperviousness of the hernial neck and canal to their own fluids, and therefore to those of the sac. Auto-aspiration only requires interstitial moisture for its beginning; and such beginning is coincident with strong tension and therefore diminished sectional area of the incarcerated structural substance.

The remedial principles available for strangulation may now be recapitulated as follows:

1. In case of strangulation, the imprisoned mass consists chiefly of fluid. The structural elements are comparatively insignificant, and considered separately, afford little or no obstacle to their return through the canal. *The patient's life is endangered by giving primary attention to the structures.* These require no attention when proper provision is made for the fluid ingredients of the sac. The sole practical difficulties are associated with incarcerated fluids.

2. Strangulation is removed when the fluids of the sac are

diminished. Danger is obviated by opening the venous outlets into the general circulation. This renews the circulation, and revives the faltering vitality of the strangulated mass.

3. The venous outlets are practically opened by *auto-aspiration*. This consists in causing differences of pressure in the abdominal and hernial portions of the cavity, connected by the hernial neck. By auto-aspiration the fluids of the hernial sac are compelled to percolate from the hernial sac, whether following the course of the venous outlets or the movements of tissue-fluids.

4. Auto-aspiration from the hernial sac is produced by mechanico-physiological forces, acting by means of the respiratory apparatus. To these may be added gravitation, reflex incitation, and exterior compression. These forces are made to converge at the interior of the hernial canal and neck, causing the physical effect known as aspiration.

These forces also unite as tension of the interior segment of the intestine. The degree of tension attainable in the use of the means described is practically unlimited and sufficient for release of the gut or omentum, even in case of adhesions.

5. The remedy for strangulation now explained is not only painless, but affords speedy relief of pain and accompanying nervous symptoms. It is not a mere palliation, crowding the potential affection behind a freshly-made wound, a bandage, or truss, but is an absolute and permanent removal of the cause and the effect, together. The patient requires no subsequent confinement or restriction from ordinary duties more than would be dictated by common sense. It is, however, best for the patient to become familiar with the principles above discussed, so far as to enable him to intelligently cultivate the mechanico-physiological process through whose defect the accident of strangulation occurred, and thus obviate recurrence.

6. The radical method with strangulation whose principles are above explained, does not insist on thorough accomplishments in surgery, in the sense of competency to make and to dress wounds, to apply bandages, trusses, etc. It insists on no other creed than an intelligent and practical comprehension of the mechanico-physiological principles herein set forth. The physician may then trust himself, and be trusted, in the management of the severest and most alarming cases, in full confidence of the sufficiency of the precepts above given.

THE MEDICAL ADVANCE

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—FAHNEMANN.

THE AMERICAN INSTITUTE: A WEAK SPOT.—The Board of Censors is perhaps the most important committee of the Institute. They are expected to so guard the portals that none but worthy applicants are elected to membership. The censors are required to see that the applicant has been regularly graduated, has a good moral character and professional reputation and *believes* in the law of the similars. But what about his *practice*? This important desideratum apparently is overlooked. Of course, under the "freedom of opinion and action" resolution, it would no doubt be a delicate question to propound to an applicant. But for the credit of the Institute something should be done to prevent a repetition of the following:

ABANDONMENT OF HOMŒOPATHY.—Professor Samuel O. L. Potter, of San Francisco, gives, in the *Lancet*, the following as his reasons for abandoning Homœopathy. He says: "I abandoned Homœopathy before entering into practice, by my observations of the reception by Homœopaths of Dr. C. Wesselhœft's re-proving of *Carbo vegetabilis*, and Dr. Sherman's work in the "Milwaukee Test" of 1879, proved to me that no crucial drug experimentation, conducted under scientific safeguards, could meet with any degree of appreciation from the majority of that sect. I was further impressed by finding that ninety-nine out of every hundred so-called homœopathic physicians were in the habit of resorting to regular therapeutics whenever there was any active therapy to be done."—*Med. Record*.

Dr. Potter was elected at Milwaukee and was one of the most active and efficient of that efficient reception committee. Well did he do his part in showing the members of the Institute the attractions of a beautiful city. But he never knew anything

of Homœopathy; and how he "abandoned" a science of which he was theoretically and practically ignorant we will leave the ingenious editor of the Medical Record to explain. Like Jno. C. Peters, who professed to have "abandoned" Homœopathy because the profession declined to accept his chemical theory of the action of similia, Potter "abandoned Homœopathy before entering into practice" because the profession did not see fit to adopt the result of the "Milwaukee Test." The failure to demonstrate the utter worthlessness of the potentized drug was too much for Potter. But the *cause* and the *Institute* will no doubt survive the loss. That Potter, who was neither a Homœopath nor an M.D., should have evaded the the Argus-eyed McManus and become a member of the Institute seems strange. A sudden spasm of *belief* in the law of the similars, without any evidence of *practice* will enable any other dishonest applicant to become a member. We suggest that after 1890, none but graduates of homœopathic colleges be eligible for membership. If students will have allopathic degrees let them, like Dr. Albert Hale of Chicago, be consistent and join allopathic societies.

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"THE RED FLAG AND THE BULL."—In a recent issue we expressed gratification that so many Hahnemannian associations and Materia Medica clubs were being organized for the study of the materia medica and the philosophy of Homœopathy. We again repeat that we believe it to be not only a step in the right direction, but one of the most significant signs of the times. It is a vigorous and practical protest—something more than a hint—that the Homœopathy taught in most of our colleges is not that taught by Hahnemann; is not that so successfully taught and practiced by Hering, Lippe, Dunham and Farrington; or it is one thing from the college rostrum, and an entirely different thing at the bedside.

But the formation of these associations does not appear to please our esteemed contemporary, the Counselor, for in the March editorial it says:

A certain portion of the profession, * * * are not content with a *strict adherence to the law* enunciated by Hahnemann, but go further and insist upon the *exclusive use* of the *dynamised* drug; and because, forsooth, such a proposition is not at once subscribed to by the vast majority of the followers

of our great master, they decide to "flock by themselves," and are forming other societies which they denominate *Hahnemannian Associations*. * * *

They prefer to form a little coterie of their own (I. H. A.), from whose citadel they can hurl such epithets as *pseudo-Homœopath*, *Eclectic*, *materialist*, *mongrel*, etc, at their former associates.

Is the question of dose—"the exclusive use of the dynamized drug," and compared with Allopathic doses the 3x to 6x is a dynamized drug—all that separates the American Institute from the American Medical Association? Is there no principle at stake? Have the men who form these associations, these materia medica clubs, no interest in upholding, defending or promulgating the principle of similia? Are they not also honest "followers of our great master"? Does any sane man believe that these men meet to discuss the "dynamization theory"? We venture the assertion that not a member of these associations believes dynamization to be a "theory." They know it to be a fact, as much of a fact as similia itself.

The mere mention of Opium to an Ultra-Hahnemannian is like the proverbial red flag to a bull. * * * We see no reason why a student or a homœopathic physician should not know all about a drug so dangerous to life, and one so constantly used by Allopaths. * * * Most of the early Homœopaths were old school graduates who knew full well the composition, dose, and effects of Opium, etc.

The Ultra-Hahnemannian uses Opium as he does Aconite, Arsenic or any other remedy, and so did the early Homœopaths. He does not approve of sailing under false colors, of giving Opium in massive doses to narcotize his patients, as the Allopath does, because he does not know how or is too "tired" to find the simillimum that will cure. There is nothing to hinder him from doing it; but he should not prescribe Opium in allopathic doses for palliative purposes and call it Homœopathic practice. This practice implicates every Homœopath and it is not only unnecessary and objectionable, but positively dishonest. What does an Allopath know about the therapeutic use of Opium that is so very valuable to the Homœopathic student?

We believe thoroughly in the universality of the law of similars, but we do not believe that our knowledge of its application will be made perfect any more quickly by the secession of a few who wrap themselves in their cloak of exclusiveness, or by mutual recrimination. Internationalists, in their apparent zeal and anxiety for their dynamization theory, appear to be afraid of the light which modern research and investigation may throw upon it.

Of what benefit is it to the science of therapeutics to "believe in the universality of the law" while it is so utterly impossible to distinguish any difference in practice from that of those who deny its existence. Our *belief* and our *practice* should not be diametrically opposite. It may surprise the Counselor, if we announce that the Internationalists have no "dynamization theory."

The association was not organized to discuss a theory. Life is too short for that. The members discuss questions of fact, not of potency; the selection of the remedy, not dynamization; they contend for law in therapeutics, not empirical guessing; for the Homœopathy of Hahnemann, not that of the Counselor on page 58, March issue, as practiced in the Homœopathic Hospital. Here is the case of "dry gangrene":

The patient, man fifty-two years of age, entered the hospital holding the left hand immersed in a tin pail of hot water, while the perspiration stood in drops on his forehead from the intense pain, from which he "had suffered tortures for three or four nights, and which Morphine in one-grain doses, hypodermically, had failed to relieve." The "pain was confined exclusively to the thumb which he could not bear to remove from the hot water for more than a moment at a time. The thumb was but slightly discolored, but beneath the nail, which was much discolored, was an ulcer which emitted a thin, bloody and offensive discharge. Another feature of the case was that he could not bear the ordinary temperature of a room but must have it so hot as to be fairly suffocating. He received injections of Cocaine, applications of Laudanum, and finally obtained partial relief from Ether spray.

This is a condensed history of the facts, for which before the class the Professor ordered Secale 2x, and at the end of a week it was changed for three-drop doses of Fowler's solution three times a day. One month after he entered the hospital he lost the thumb by amputation and "made a good recovery in three weeks."

Let us see if "a strict adherence to the law enunciated by Hahnemann" was complied with in this case. The gangrene of Secale is *aggravated by heat*—CANNOT BEAR TO HAVE THE PART COVERED; WORSE FROM EXTERNAL WARMTH. Yet this patient who "entered the hospital holding his thumb in hot water, could not bear to remove it for more than a moment at a time, must have his room so hot as to be fairly suffocating," received Secale for *gangrene*, certainly not for the symptoms presented. Was this "a strict adherence to the law"? No! "A strict ad-

herence to the law enunciated by Hahnemann" and advocated by these associations would have saved the patient's thumb. Yet such mortifying, humiliating work as this is taught the student as the "best Homœopathy can do" and heralded to the profession as a triumphant vindication of similia. Being done in a homœopathic hospital and published in a homœopathic journal does not make it homœopathic practice. Is it not time that Hahnemannian clubs were formed? What has potency or the "dynamized theory" to do with it? This is Hempel's and Hughes' pathological Homœopathy. This is prescribing for a disease—dry gangrene—not for the patient. This is Allopathy in Homœopathic raiment. Can't you see the difference between *potency* and the selection of the *simillimum*? No *potency* of *Secale*, not even teaspoonful doses of the fluid extract, could have cured this case; while any potency of *Arsenic*, from 3x to to the cm., would have relieved at first, and prevented amputation. The members of these Clubs "flock by themselves" to learn a better way, not to bandy epithets; to study the *materia medica* as taught by Hahnemann and to apply the Philosophy of Homœopathy as found in the *Organon*.

Comment and Criticism.

OUR CLINICAL REPORTS.

DIALOGUE.

IN ONE ACT AND ONE SCENE.

Place.—St. Augustine, Florida. *Scene*.—Dr. F.'s office.

Scene I.

Enter Dr. G. (*Discovers Dr. F. reading the Medical Advance of January, 1888*).—"Good morning, Doctor."

Dr. F.—"Good morning, Doctor, walk in and be seated."

Dr. G.—"Thank you, Doctor. Mr. C. P. presents a peculiar train of symptoms this morning, and as I have nothing with me in which to study the case, I would like to look over your authorities and consult you about him. First of all he is suspicious; apprehensive; seems melancholic. Bring him a cup of water, coffee, or anything to drink or to eat, and he says, "What

have you in that?" as though he was afraid of being drugged. Memory is very weak; he will ask about some matter of considerable importance, and seem to fully comprehend all that is said, but in less than six hours he will ask the same questions over again; and any kind of mental application tires him. There has been a suicidal tendency, but not so observable of late."

Dr. F.—"Here in Hering's Condensed by Farrington. Look at Aurum."

Dr. G. (*Takes the book, turns to the remedy and reads.*)—"Here are every one of his mental symptoms and some others that I now remember his having had. Yes! I will give him Aurum."

Dr. F. (*Holding the journal.*)—"Do you take the ADVANCE?"

Dr. G.—"No! But I have heard about it, and when I get back to W. I shall send for it."

Dr. F.—"I would advise you to take it by all means. I regard it as the very best medical journal published. When T. P. Wilson vacated the editorial chair I felt that the journal would suffer by the change; that is, lose much of its character; for I knew Professor Wilson personally, and am proud to claim him as a personal friend; but I cannot see but that the ADVANCE is just as good as ever; yes! it is improving, and now that the labors of editor and publisher have been separated, I think there is no doubt but that it will attain still greater excellence."

Dr. G.—"Yes, I have seen exchange press notices, and extracts from it, and heard of it in such flattering terms that I shall surely order it."

Dr. F.—"Now this January number is full of good things. You know there are degrees of goodness; some things are better than others. For instance, there are, 'Two Quinine Cases,' by Clarence Willard Butler, M.D., of New Jersey. The first is a case of 'splenalgia.' It is clear-cut, and is, as I regard it, one of the best things in the number. It is sound in its pathology, and cured according to the law, with Chininum sulph. cm."

Dr. G.—"Speaking of 'splenalgia,' I can recommend from personal experience the drug Ceanothus. I cannot give any specific characteristic indications for it, except those found in Lilienthal's Therapeutics, edition 1879, p. 474, under 'Lienitis.' I always give it in the first potency, and it acts like a charm."

Dr. F.—“I have a case, an old chronic, who for years has lived in the most ‘malarial’ part of the state, and been a victim to Quinine and Calomel since childhood. He has enlargement of liver and spleen; is jaundiced, and a picture of Quinine cachexia. Chelidonium 30 has done wonders for him heretofore, given upon its characteristic indications, ‘fullness and weight in the right side’; ‘aching and pain under the right shoulder-blade,’ etc. But lately the aches and pains have all shifted to the left side, region of spleen, presenting just the symptoms I see recorded under Ceanothus.”

Dr. G.—“Well, Doctor, try the remedy and you will surely be pleased. But what about Dr. Butler’s other case of Quinine?”

Dr. F.—“I, for one, am mystified and mixed as to ‘Case II.’ He calls it pneumonia and says (*reads from Advance, p. 40*), ‘Kate G., aged 35, a hard-working Irish woman, of nervous temperament, *slender form* (I emphasize some of the words, you see), light complexion, married and a frequent mother, youngest child *one year old*, presented,’ etc. Now, I should hardly look for the ‘effects of loss of animal fluids,’ or ‘colliquative discharges,’ ‘drains on the system,’ etc., in such a case. ‘For ten days or two weeks has had a *cough* and *cold*.’ (No fever indicating inflammatory processes.) ‘Three days ago she had a severe chill, soon followed by fever.’ * * * ‘She lies on back, head propped high.’ * * ‘Anxious expression.’ ‘Face naturally pale, is flushed.’ ‘Breathing superficial, *32 per minute*; *pulse 110*, quick, small; temperature *103+*, axilla.’ ‘*General warm perspiration*.’ ‘Decreased respiratory motion right side.’ ‘Dull percussion sounds.’ ‘Bronchial breathing.’ ‘*Weary oppressive pain in chest* (right); *sensation as if a weight were lying upon the whole chest, with difficulty of breathing*.’ ‘*Frequent, short, dry cough*.’ ‘*COUGH HURTS HEAD*,’ AND AGGRAVATES *the PAIN in the CHEST*.’ ‘*Rusty-colored sputa*.’ ‘*Tongue coated dirty yellow*, and dry.’ ‘*Bowels constipated*.’”

Dr. G.—“*Why didn’t he give her Phosphorus?*”

Dr. F.—“That is exactly what I thought.”

Dr. G. (*holding Hering’s Condensed, opens to Phosphorus*).—“There are every one of those symptoms under Phosphorus.”

Dr. F.—“He reports further on, ‘she is deaf: grown rapidly so last twenty-four hours.’”

Dr. G.—“Well, here is ‘hardness of hearing, especially of the human voice,’ under Phosphorus.”

Dr. F.—“Well, here is ‘whirling in the head, roaring, rushing sounds in the ears, ringing of bells, escaping steam,’ etc.”

Dr. G.—“Well, that looks a *little* like Cinchona; but I don’t believe his prescription had anything to do with her recovery. Don’t you suppose that Butler has gone to sea on Chininum sulph. cm.?”

Dr. F.—“No! he has reported many cases in the journals, all well presented, and I don’t remember ever to have seen anything before that I could take exception to.”

Dr. G.—“That kind of reports of cases, claimed to be cured, shake my confidence in Homœopathy. If that prescription cured that case, then I don’t think it will make any difference what the disease or what the remedy, so that it is given in the cm. potency or higher.”

Dr. F.—“*Nothing* shakes my faith in Homœopathy; but my confidence in its adherents and advocates often gets ‘rattled.’”

Dr. G.—“Well, I must go. Good morning.”

Dr. F.—Good morning; come again.”

(Exit Dr. G. and Dr. F. at once begins this “Dialogue,” February 8th and has just finished.)

S. MILLS FOWLER.

St. AUGUSTINE, Fla., Feb. 10, 1888.

Scene II.—Three Days Later.

(Dr. F., *solus*, reading Scene I in MS.)

Stranger (*entering door*).—“Good morning. Is this Dr. F.?”

Dr. F.—“It is. Will you be seated?”

Stranger.—“Allow me to present my card.”

Dr. F.—“Ah! Dr. Butler—of New Jersey. Well, Doctor Butler, pleased to see you, for by a strange coincidence I was thinking of you. In fact, I’ve just been ‘writing up’ a conversation which Dr. G. and I had a few days ago about your ‘Two Quinine Cases,’ reported in the January *ADVANCE*.”

Dr. B.—“Good! I’m glad to know that some one beside the long-suffering proof-reader and myself have read them. I often wonder whether it pays to report clinical experience. As the late lamented Josh Billings remarks, ‘It’s hard to get a good idea of the taste of molasses candy by letting some other fellow chew it for you.’ Cases which have been interesting and instructive to yourself, when you *know* the condition was des-

perate, and *know* that the remedy acted promptly—even savingly, when reduced to ‘gude black prent’ seem a very simple matter. There is so much that can not be told; so many things that come to a physician by what is called ‘intuition,’ but what is really an aggregation of all his experiences in medical practice from his student days. But what about those Quinine cases? Give me Dr. G’s opinion, and yours. Read what you have written.”

Dr. F.—“I hardly know whether to do so or not. The opinions of the second case are not very favorable. But you look healthy and fat, and I see you are a devotee of that most puissant modern god of good nature—Tobacco; so I think I may venture.”

Dr. B.—“Certainly you may! I never shrink from honest criticism I assure you. So ‘stand and deliver.’”

Dr. F.—“Well, here goes, then. (*Reads Scene I, which see.*) Now, Dr. Butler, did Quinine cure that case that you have called Pneumonia?”

Dr. B.—“I don’t know. One swallow don’t make a tipler. But if you want to know what I think, I unhesitatingly say, I *think* it did.”

Dr. F.—“And I *don’t* think it did.”

Dr. B.—“Well, I like your candor. You don’t speak of an agricultural implement wisely conceived by inventive genius for purposes of overturning and penetrating the fruitful bosom of mother earth—you call it a spade. That’s my way too. I’m willing to learn, for I don’t mind confiding to you that there are many things I don’t know and several of them are about medical matters. Tell me why you ‘don’t think,’ and I’ll tell you why I ‘do think.’”

Dr. F.—“You have called the case pneumonia, and still I find a history of about two weeks’ illness with no signs of inflammatory processes, no pyrexia, or at least none till three days before you saw the patient.”

Dr. B.—“Yes, she had been sick for two weeks with what she called a ‘cold and cough.’ Not being ‘up’ in medical parlance she did not designate her condition as coryza accompanied and followed by bronchial catarrh. It was just a ‘cough and cold’ with a ‘terrible droath’ and a ‘great dhraw on her chist.’ Three days before I saw her, however, for some reason (renewed

exposure, a swallowed microbe, or being overtaken by a ravening baccillus?) a 'change came over the spirit of her dream.' She had a chill, followed by fever, etc., as reported, and I found her in the condition described (*vide* January '88 ADVANCE, p. 40). I think there can be no doubt what the nosologist would have called it. However, the question is 'Did Quinine cure the case?' not Cinchona, I never said anything about Cinchona. Dr. G. speaks of it as the remedy, and you have a diverging strabismus toward the same drug in your remarks about 'exhausting discharges,' etc. The remedy was Quinine with a capital Q—that is, if it was a remedy! Was it? Let me tell you how that case looked to me 'first off' (as we say in Jersey). There was pneumonia. BRY., PHOS., Tart. em., Sang., etc., etc. Chinin. sulph. never thought of. Then, there was pneumonia in a patient with certain symptoms—PHOS., Bry., Sang., Tart. em., etc., etc., and Quinine way down at the end of the row. Then, there was a sick person with certain symptoms (indicating a probable pneumonia *which had nothing* to do with the therapeutics of the case)—QUININE, Phos., etc., etc., or put it this way:

PNEUMONIA in a patient.	{	BRY., PHOS., <i>Sang</i> Etc.	A PATIENT WITH PNEUMONIA.	{	PHOS., BRY., <i>Etc.</i> , Etc., Quinipe.
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and lastly

CERTAIN AND DEFINITE SYMPTOMS IN A PATIENT (indicating probable pneumonia.)	{	QUININE, Etc., <i>Etc.</i> , Etc., Etc.
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In short when I ignored the pathological condition except as one group of symptoms (and those doubtful, since pathological conditions depend upon such uncertain elements as the skill of the diagnostician, the progress of knowledge in such cases, etc.) and looked at the positive symptoms which made this person sick, and particularly those symptoms especially characteristic of this case, the '*prominent*, UNCOMMON and *peculiar*' ones (Organon, § 153), the 'determining symptoms' therapeutically (T. F. Allen), Quinine presented itself forcibly, for I know of no drug whose pathogenesis presents so complete a picture of these symptoms of Kate's case as does this one. It isn't worth

while to go over the case and go through the symptoms to which I have called attention in my report, as similar in both drug and patient. They were many more than I knew when I prescribed."

Dr. F.—"But she received but a *single dose* and that of the cm. potency."

Dr. B.—"I thought that was where the doubt was engendered. Had it been grain doses of the crude drug frequently repeated, I am convinced that many physicians who now will 'pooh-pooh' the case, would have considered it an undoubted cure and probably half of them would have constructed a theory of how the Quinine 'got in its work.'"

Dr. F.—"But a *single dose*, Dr. Butler, of a potency which although marked cm., you know nothing of, allowed to act for several days! It is too much for me, I confess. 'Cm., H. S. potency.' What does 'H. S.' stand for, pray tell me?"

Dr. B.—"Hahnemannian Scale. It is a potency made with a crank (a machine-made potency—and by a crank for that matter—Johnstone, of Philadelphia, 'Here's looking at you,' Dr. Johnstone!). I've seen the machine work and know that it does all it claims to do, viz., succusses, empties and refills the vial, and records each potency. I'll send you a graft of one or two of them if you will give them a trial. But let me warn you that they must not be repeated. I suppose you will think me crazy on the potency question if I tell you that I have seen most painful and even dangerous aggravations from repeating these high numbers! But I have."

Dr. F.—"How did you come to give that potency? Is it your favorite potency?"

Dr. B.—"No, Doctor, I have no favorite potency—at least I hope not. In this case I gave it because it happened to be the only one in which I had the drug with me. The next day I provided myself with the 200th, but since improvement, although slight, had already commenced, of course I did not by repetition or changes interfere with such favorable action. This subject of the repetition of doses is one of great interest to me. I am sure that I have more often made mistakes by repeating while positive improvement was still progressing than I ever have by waiting. For instance, I have now under treatment a case of spinal trouble (*tabes dorsalis*). After two or three

mistakes in prescribing from insufficient knowledge of his symptoms, Argentum nit. was indicated. He received a single dose four weeks ago. When he received it he was unable to stand alone thirty seconds (by the watch) even with *his eyes open* both because of weakness and vertigo. His bowels had not moved naturally for two weeks, perhaps longer. On the day that I left for St. Augustin he walked unaided from his room through a short hall into his daughter's apartment, and returned some hours later. His bowels were moving every other day, naturally. Would he have done as well with repeated doses? My experience teaches me that he would not. If you have had no experience in leaving the action of a single dose of the well-fitted homœopathic remedy undisturbed as long as there is any improvement taking place, no matter how slight, I beg you to try it."

Dr. F.—"Of what potency?"

Dr. B.—"Oh, potency be hanged! Any potency that you use. Potency has nothing to do with it."

Dr. F.—"All right. I will try it and see if I can get Dr. G. to make the same experiment. You see that Dr. G.'s faith in Homœopathy is shaken by such reports as yours."

Dr. B.—"Yes, I noticed that. But if you can get *her* to try unprejudicedly and faithfully this plan I'm sure *she* will gain faith in Homœopathy."

Dr. F.—"*She!* What makes you think Dr. G. is a woman?"

Dr. B.—"Why, that's plain enough. She don't hesitate to prescribe Ceanothus with confidence upon purely empirical indications (at least I have seen no proving of the drug with any symptoms recorded which point markedly to the spleen), nor does she hesitate to criticise and announce her unbelief in the efficacy of a prescription based upon more than twenty symptoms including the 'prominent and uncommon' ones, produced by the drug and presented by the patient, and this without examination although these symptoms are distinctly given. That is a distinctively feminine mode of reasoning—she couldn't be anything but a woman."

Dr. F.—"Well, if she, he, was a woman she concealed the fact with a 'plug' hat, masculine boots, coat and trowsers, and an abundant beard."

Dr. B.—"Quite likely! Lots of our feminine brains have by some accident wandered into masculine skulls."

Dr. F.—“Well, Dr. Butler, I will think over what you’ve said, fairly, anyhow. I owe you this in common courtesy.”

Dr. B.—“In special courtesy, Doctor!”

Dr. F.—“Why special?”

Dr. B.—“Because although I have been talking with you for an hour or more I have not even asked you when you left Ohio, or why you changed your name.”

CLARENCE WILLARD BUTLER.

LET US ELEVATE HOMŒOPATHY.

WILLIAM HOYT, M.D. HILLSBORO, O.

EDITOR ADVANCE.—Homœopathy of to-day, and of the future, whether good or bad, is largely what we make it. The Homœopathic physicians of the present age have it in their power to raise the standard of Homœopathy so high that its followers will point to it with pride and admiration and even our enemies will be compelled to respect us although they may not believe in our law of cure.

The old adage that “a stream cannot rise above its source” is not true of our profession. Although we may have had poor preceptors and inferior instructors we are not necessarily bound to follow in the same footsteps as our predecessors, but may rise above them all and take a higher rank in the medical and professional world. Let us each do his or her best to get to the top of the ladder. All cannot stand upon the top round but all can make some progress in that direction.

All physicians should be pure and right at heart and work for the good of mankind as well as for themselves and Homœopathy. A laborer is worthy of his hire and we should never forget that, but should exact a reasonable compensation from all except charity patients. Another thing we should be extremely careful about, and that is in the selection of students; because the students of to-day will be the physicians a few years hence, and here is where we can do the most good in elevating the profession. I do not believe in encouraging every applicant to read medicine, and not only not encourage, but if there is no other way, refuse to assist them in any way to gain a

knowledge of Homœopathy. Let us do our utmost to keep all out of our ranks who are not well fitted for the profession. Not simply keep those out who are bad and worthless, but all that are not in every way worthy.

It is not enough to not know any harm of a man, but we must know a little, yes, a great deal of good of him before admitting him into our office as a student. A student should not only have a good education, but should be strong mentally and morally as well as physically. We should realize that we are in a measure responsible for every student that goes out of our office, and that his success or failure is in part chargeable to us. Then let us watch carefully, and guard dilligently the doors by which students enter one of the noblest of professions.

Societies.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN meets at Milwaukee, Wednesday and Thursday, May 23 and 24, 1888. Jos. Lewis, Jr., secy.

MICHIGAN STATE SOCIETY.—The Nineteenth annual session will be held at Ionia on the 15th and 16th of May, and from the preparations of the local committee and the "bill of fare" outlined by the secretary, there is every prospect of the best meeting in the history of the society. Let every member, whether on a bureau or not, come prepared to give his experience in a short, practical paper, and the doubts about a good meeting will vanish into thin air.

OHIO STATE SOCIETY.—The next meeting will be held at Delaware, May 8th and 9th. The location is central and was chosen for the accommodation of all. Now, let us have as large an attendance and as good a meeting as we had last year. Every member is expected to do his duty. The society is what the members make it.

NEW JERSEY SOCIETY.—The annual meeting will be held May 1st. For particulars address the secretary, Dr. Sleght, at Newark.

THE MISSOURI INSTITUTE will convene at Kansas City, April 24th, 25th, and 26th, in the parlors of the Hotel Brunswick, and Secretary Runnels has issued a programme which alone guarantees a good meeting.

THE AMERICAN INSTITUTE will meet at Niagara Falls June 25th–29th inclusive. There will be ample accommodation at the International Hotel, and a good session is anticipated. Full notice in May issue.

THE HAHNEMANNIAN ASSOCIATION will hold its next session at Niagara Falls, June 19th–22d. Every member is expected to have a paper.

ALUMNI ASSOCIATION HAHNEMANN COLLEGE, Philadelphia, held its annual reunion at the Hotel Boldt on April 6th. The presidential address by J. W. Dowling, of New York, and the memorial address by A. P. Williamson, of Middletown, N. Y.

THE FARRINGTON CLUB.—The younger members of the profession in Pittsburgh have organized under this title for the study of the materia medica. President, J. L. Ferson; Vice-president, W. J. Martin; Secretary, Fred. Wilcox. The organizations of these materia medica clubs prove conclusively that the pendulum is tending to the other extremity of the arc; "the return oscillation, into a clearer, firmer and more fervent faith"—a better Homœopathy.

THE SYRACUSE HAHNEMANNIAN CLUB was organized February 24th, for the sole purpose of studying the materia medica and the philosophy of Homœopathy as unfolded in Hahnemann's *Organon* and other writings." The following were present at the meeting: Drs. Robinson, Sheldon, Hooker, E. O. and A. B. Kinne, True, Macomber, Seward, Candie, Flint, Hawley, Emmens, Schumacker, Putnam, Brewster, and Nottingham.

Dr. Seward was elected president and Dr. Hooker secretary, and a constitution and by-laws adopted.

At the first meeting Section I of the *Organon* was discussed and was followed by a paper on "What I know about Sepia," by Dr. True.

Dr. A. B. Kinne.—The quarrelsomeness of the Sepia patient is a valuable point in differentiating from Pulsatilla. Never uses it low.

Dr. Hawley.—The eruptions of Sepia were always worse from scratching. Had seen cases of leucorrhœa, whitish discharge staining the linen yellow, with itching of the labia increased to an unbearable degree by scratching, promptly relieved by Sepia.

Dr. Brewster.—The remedy has many contradictory mental symptoms, which were often guiding.

Dr. Seward.—The eruption is prone to select the bend of the elbow, the popliteal space and the hands for its chief location.

Dr. Hooker.—A hysterical patient had a severe aching in both shoulders which had been present six years ago, following suppression of menses from getting feet wet, returned after each dose of Sepia 200.

Dr. Robinson.—Some cases of hemicrania cured by Sepia are better in the open air, like Pulsatilla.

The next meeting at Dr. Robinson's office March 9th.

The members are earnestly and honestly seeking that knowledge—the philosophy of Homœopathy—which should have been their first lesson from preceptor and *Alma Mater*, but which was neglected by both. Frederick Hooker, secretary.

CLEVELAND TRAINING SCHOOL FOR NURSES in connection with the Homœopathic hospital, has just held its Fourth commencement, sending out seven graduates. This school is doing a noble work, and doing it well. Dr. H. F. Biggar presented the badges.

Editor's Table.

Dr. F. C. Freeman has located at Amherst, Ohio.

Dr. I. H. Dix has removed from Emerson to Pratt, Kan.

Dr. J. M. Walthall has removed from Minden to Gibsland, La.

Dr. Frederick Hooker has removed from Fayetteville to Syracuse, N. Y.

Dr. Julius C. Schmitt, has removed to 113 North ave., Rochester, N. Y.

Dr. J. C. C. Black has removed from Round Mountain to Red Rock, Tex.

Dr. L. B. Richards is succeeded at Stafford Springs, Conn., by P. R. Watts.

Dr. Wm. D. Foster has removed his office and residence to 1209 Broadway, N. Y.

With the May issue of the Hahnemannian Monthly, Drs. Bartlett and Van Lennep assume charge as joint editors and publishers, Dr. Dudley retiring. May the highest anticipations of the new management be realized.

Sir Morell McKenzie.—We are indebted to Parke, Davis & Co., of Detroit, for a handsome lithograph of the distinguished specialist.

Similia, our motto, *is true or is not true*. My experience has taught me that it is true; and it seems to me that our journals are largely responsible for the "doubts" and the "empiricism" so frequently met with.—J. S. S.

Almont, Mich., population 800, good farming country surrounding, wants a Homœopath. Only one Allopath. For particulars, address Dr. A. F. Randall, Port Huron.

We regret to announce the death of Mrs. Sterling, wife of Prof. C. F. Sterling, of the University of Michigan. The Doctor has the sincere sympathy of the profession in his affliction.

Henry B. Clarke, M.D., a senior of the American Institute, died of apoplexy at the Coronado hotel, San Diego, Cal., March 6th. He was taking a much needed rest in southern California.

The Rt. Hon. W. E. Gladstone, M.P., will contribute to an early number of the North American Review an article on the religious opinions of Colonel Robert G. Ingersoll. This battle of the "giants of the pen" ought to interest every reader of current literature.

Dr. Albert Hale has returned from Europe and is associated in practice with his father, Dr. E. M. Hale; office, Pullman building, Chicago. He is a member of the Chicago Medical Society (Allopathic), a result, perhaps, of the "broad" and "liberal" education received in Europe?

Higher Medical Education.—California has followed other states in refusing to recognize medical diplomas issued by colleges requiring attendance at only two courses of lectures before graduation. The following is the text of the resolution adopted: "On and after April 1, 1891, the Board of Examiners of the Medical Society of the State of California will not grant certificates to practice medicine on diplomas, issued after that date, by colleges which do not require that all candidates for graduation shall have studied not less than three full years, and shall have attended not less than three full regular courses of lectures during three separate years." [This is a step forward. The demand at present is not for *more* doctors, but for *better* ones; not more Homœopaths, but truer ones. There is no reason why every Homœopathic college should not make three courses of six months each compulsory, and if the inter-collegiate committee of the American Institute delays or prevaricates much longer, the Institute will settle this vital question for them, or we mistake the signs of the times.]—ED.

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Materia Medica.

MELILOTUS ALBA.

H. C. ALLEN, M.D., ANN ARBOR, MICH.

The attention of the profession was first called to this remedy by G. W. Bowen, M.D., of Fort Wayne, Ind. While attending lectures at the Cleveland Homœopathic Medical College in 1851-52, he prepared the dried root in a half ounce of alcohol and after one or two weeks began taking a few drops several times a day. Soon had severe headache, followed by profuse epistaxis and afterwards by hæmoptysis of bright-red blood, in considerable quantity. Professors Dodge and Williams were summoned, "helped me out at the time and advised me to go home but I did not."

Fifteen years afterwards a second proving by several persons—men and women—was made, and Dr. Bowen thus concludes:

"All had fearful headaches and profuse hæmorrhages except myself. My nose did not bleed and thereby hangs a tale, noted in a note. (In making the proving on myself I did lose blood from my nose and so have the engorgements of the bloodvessels it caused relieved from the pressure, but it evidently left them enlarged, for, since that time my brain and mental faculties have been more active than ever. I needed less food and less sleep; could lose two or three nights in a week and not feel its loss. My nervous system was as perfect as anyone's ever was, *except* my sympathetic nerves, which became almost a total wreck, so much so as to disqualify me for any forensic effort whatever. My belief is that Melilotus was the cause of its deflection

from normality, and from this fact its probable efficacy in certain forms of insanity and nervous affections ought to be determined.)—G. W. B. I began to give it to every patient that had a headache, especially what they called a 'sick-headache,' and so large were my doses that many recoveries were followed by profuse epistaxis.

"I have given it for all forms of congestive or nervous headaches, for engorgements of the bloodvessels in any part or organ, and find it acts promptly on the chest, heart, liver, ovaries and uterus; in all forms of spasms, infantile spasms, eclampsia and epilepsy. I have used it in several cases of insanity to at first relieve brain pressure and irritation until I could decide what remedy was best to give, and found its action so beneficial that it was continued, and in one case the patient was completely restored.

"For many years, I have not needed or given anything else for nasal or pulmonary hæmorrhage."

To obtain, if possible, something more characteristic and guiding the following provings were undertaken. Except Dr. Kraft, no prover knew what he or she was taking.

AUTHORITIES.—G. W. Bowen, M.D. (symptoms of Dr. Bowen's seven provers, which appear in the Encyclopædia, are marked B.), Frank Kraft, M.D., H. C. Allen, M.D., W. S. Gee, M.D., Mrs. F. A. Waddell, M.D., Miss P. E. M. (a medical student), Mr. F. W. (student). Tincture of the entire plant—roots, leaves and flowers—from which the potencies were prepared.

Mind.—*Inability to fix the mind; stupid; indifferent. Omit letters and words in writing* (second day).

Talk incoherently: know what I want to say but seem unable to express myself clearly—"Words-trip each other up."

Irascible; impatient; discontented; fault-finding.

An overpowering stupor; requires a great mental effort to do that which is absolutely necessary to do.

Irritable, fretful, though unaware of anything to fret about.

Indolent; reluctant to rise in the morning; unwilling to set about anything; desire to do something else than the task belonging to the hour. (This indolence was constant throughout the proving, 48 days.)

Indolence and inability to fix the attention or comprehend the subject, render study extremely difficult.

Total inability to study; the memory will not retain anything; even in copying, drop letters and words.

Fairly furious; had to lock him in his room for twenty-four hours.—B.

Loss of consciousness (with gushing of blood from the nose.)—B.

Three consecutive attacks of weeping, to which I am not subject and for which there was no cause, neither attack being accompanied by melancholy or any great depression of spirits (after 30th potency).

RELIGIOUS MELANCHOLY.—“Several years ago, I cured a bad case of religious melancholy of four months' standing, with *Melilotus* 6th, after Bell., Stram., and other well selected remedies had failed. *The intensely red face* led to its employment. There has been no recurrence of the mania, now more than three years since.”—E. B. Nash, M.D.

Head.—*Intense frontal headache, preceded by hot, flushed face* and feverish sensation (afternoon, first day).

Intense frontal headache shortly after rising, which continued all the forenoon (second day).

Headache: in frontal region; in right frontal eminence; severe throbbing pain, *worse from 9 to 12 noon.*

Frontal headache, every day at 9 or 10 A. M.

Head feels heavy.

Awakened at 4 A. M. with severe semilateral headache, right side, with much gastric flatulence, worse from motion; attended to duties of the morning, but was compelled to remain in bed during afternoon.

Cold, dull, listless, with a tired pain and sensation of swaying in the brain.

Sensation of tension and wave-like movement in brain, with vertigo and nausea (30th potency).

Sharp pains in right temple, alternating with sharp pains in right knee.

Tension, fullness, oppression, undulating sensation of brain; with entire inability to accomplish brain work; with nausea and vertigo.

Throbbing frontal headache, preceded by great prostration; annoying, not so much by severity of pain as by mental inability to study (31st day of proving). This attack continued for 48 hours.

Headache is worse or the exacerbation recurs once in three or four days. (This is characteristic of many of the “sick-headaches” caused by excessive use of tea, for which *Melilotus* bids fair to be the simillimum or antidote.)

Terrible headache; with vertigo, faintness and nausea; throbbing and sensation as if all the bloodvessels of the brain would give way and cause some lesion of that organ; with frequent and profuse urination.—B.

Headache so intense as to cause a purple redness of the face and bloodshot eyes, culminating in epistaxis, which affords relief.—B.

Headaches: periodical; nervous; every week, or once in four weeks; more frequent during winter months.—B.

Headache: almost delirious with it; frightful, heavy, oppressive, for three days; relieved by application of vinegar (vinegar aggravates headaches of Bell.).—B.

Sick-headache; relieved by epistaxis or the menstrual flow (see Lach., Zinc.); blood bright red.—B.

Headache: intense in *left* supraorbital region; aggravated by motion, by thinking; better lying down (worse lying down, Bell.); on talking, disappeared from forehead and settled in occiput; ceasing to talk, it returned, could be distinctly felt migrating.—B.

Sensation of fullness all over the head as if the blood would burst from nose, eyes and ears, accompanied by a dizzy, sick feeling that is aggravated by motion.

(Many cases of "sick-headache" permanently relieved by it.)

Eyes.—Eyes heavy, very hot and as if pressed outward.

Sensation as if lids would not cover or close over the globes; a sensation of inability to close the lids.

Sensation as if the eyes were too large for the orbits, and were being pressed out, from within outwards.

Vision dim; a film seems to blur the sight, involuntarily rubs the eyes for relief.

Vision imperfect; unable to strike the keys of the typewriter; attempt to strike a letter but the finger falls between the eyes; vision so imperfect was tempted to resume my glasses which I had laid aside last January.

Aberration of vision; almost total inability to focus objects.

Eyes very tired and sore; desire to close them tightly for relief.

Eyelids very heavy and difficult to keep open.

Floating bodies before the eyes when studying.

Ears.—Frequent sensations of puffing of wind from the ears.

Each act of swallowing caused the wind to puff from both ears.

Nose.—Stopped up, dry; must breathe through the mouth.

Dry hard clinkers in the nose, but removing them does not relieve the dryness or difficulty of breathing.

Excessive dryness of the nose (continued with more or less severity for three months after leaving off drug).

Profuse epistaxis; bright red blood gushed from the nose (many provers).—B.

Epistaxis; profuse, attended with high fever and violent congestion of head and face (congestion of head, red face, nose-bleed and febrile action, Erig.).

EPISTAXIS.—During a run of fever the patient was attacked with epistaxis. One attack followed another, once or twice in twenty-four hours, usually at night until I became alarmed on account of the great loss of blood. She had been subject, since childhood, to frequent attacks of nose-bleed; when she was injured by a button which she pushed up her nose, which remained in nose several months, and was finally ejected in sneezing or coughing. Two years previous, during an attack of diphtheria, had severe nose-bleed, also worse at night, the blood hanging in clots from the nose like icicles, which was relieved with Merc. sol. 30th. Now, the blood was not so much clotted and Mercury did no good. Every attack was *preceded* by the most *intense redness and flushing of the face and throbbing of the carotids* I ever saw. The epistaxis would invariably follow, within a few hours, this apparent rush of blood to head and face. Neither Bell. nor Erig., which in Hering has "congestion of head, red face, nose-bleed and febrile action," gave any relief. *Mellilotus* 30 promptly and beautifully relieved both the nose-bleed and the rush of blood to the head, and the case progressed without trouble or any untoward symptoms to perfect recovery.—E. B. Nash, M.D.

Face.—*Face flushed all day*, and feverish.

Face hot, flushed at 3 P. M., lasts several hours.

GREAT REDNESS OF FACE AND HEAD WITH THROBBING OF CAROTIDS (Bell.).

Face very red, highly congested, almost livid.—B.

Very red face, precedes hæmorrhages from nose, lungs, uterus.

Mouth and Throat.—Throat sore on left side; swallowing difficult, painful; each act of swallowing caused the wind to puff out of both ears.

Appetite and Taste.—Very hungry, but nothing satisfied the taste.

Appetite impaired, especially for breakfast; no desire, no relish for food.

Ravenously hungry about 10 A. M. with the onset of frontal headache.

Appetite capricious, especially in the morning.

Stomach.—Gastric discomfort, fullness, flatulence and other symptoms appear when constipated (Opium).

Acid eructations all day, causing burning and smarting.—B.

Abdomen.—Abdomen distended.

Much distension: flatulent; worse during menses.

Rectum and Stool.—Constipation; no movement for three or five days, then daily movement for three or four days.

No desire for stool until there is a large accumulation, when there is a very difficult, painful stool with constriction in rectum and discharge (with the fecal matter) of stringy, glairy, milky-white mucus; each succeeding passage less painful until normal, then constipation again sets in.

Heavy throbbing and fullness in rectum, from internal piles, evidently caused by the drug as the prover had never been troubled before.—B.

Severe shooting, cutting pain in rectum while walking, relieved by sitting down (44th day).

Urine.—Excessive urination; several times in an hour (first and second days).

Profuse discharge of watery urine relieves the dull, congestive headache.

Was obliged to urinate frequently; the accumulation in the bladder became very annoying (third day).—B.

Female Organs.—Leucorrhœa; pain and soreness in back and pelvic regions; excited by walking.

Menses at proper time, but flow was scanty and intermittent; headache, vertigo, stiffness in back and limbs, with dull, heavy pain in pelvis.

Scanty, intermittent flow, nausea, pain in back and bearing-down pains in pelvis.

Severe, sharp, shooting, sticking pains in external genitals (especially the labia), lasting only a moment but recurring frequently and very annoying; at times so sharp as to cause involuntary starts; with nausea and dull, heavy pain in pelvis. (These pains in external genitalia occurred at the close of the menses, lasted three days, and seem to be an accompaniment to the period, but is entirely new and different from any sensation I ever felt or heard of. The menstrual flow is usually from twenty-four to thirty-six

hours, otherwise normal. This period continued four days, intermittent flow only during the day.)—P. E. M.

Menses; flow intermittent, scanty, thin, watery, pale, offensive. Severe stitching or cutting pains through the uterus.—B.

Respiration.—Short, difficult breathing on climbing a hill or from rapid walking (every day of proving).

Very weary; could not get air enough; felt as if smothering.

Chest and Lungs.—Cough: harsh, dry, spasmodic; horribly distressing, causing great anxiety; toward night a slight expectoration, detached with much difficulty, but which brought some relief; so heavy and oppressive finally could not lie on either side.—B.

Tickling in throat, with cough and spasmodic breathing, causing extreme nervousness.—B.

Cough, like the headache, relieved by epistaxis; blood, bright red.—B.

Weight on chest causing difficult breathing; sensation of smothering; frequently examined clothing, feared garments might be too tight.—B.

Chest very sore.—B.

• **Hæmoptysis;** blood bright red (Ipec., Millef.).

PNEUMONIA.—Two years ago, child, five years old, had been sick two days, both lungs badly congested, *face and eyes very red*, nose-bleed every few minutes, high fever, constant, severe racking cough and very rapid respiration. Gave *Mellilotus* 3x, ten drops in one-half a glass of water, taking the nose-bleed as the guiding symptom. The relief was magical.—F. A. Waddell, M.D.

Back.—A broken sensation in lumbo-sacral articulation.

Back, in sacro-lumbar region, seems broken on sitting; very painful to sit upright; constantly changing position and leaning forward to obtain relief; great inclination to press or strike the part, as if pressure would relieve the pain (*Rhus*); walking or standing relieve. (This pain in back seemed to alternate with headache.)

Upper Extremities.—Arms heavy, too much prostrated to lift them without a great effort.

Lower Extremities.—Numbness and aching in the knee joints; first the right, then the left.

A gnawing, throbbing aching pain in right knee joint; feel as if I wanted to stretch the leg but stretching does not relieve.

Rheumatic pains in right leg, especially about knee and hip, relieved by moving (Rhus).

Soreness about the hip joints, with a bruised sensation on pressure.

Sharp, cutting pains in knees which alternate with severe headache—frontal, right orbital, and occipital headache.

Extremities in General.—Uneasy sensation in the large joints.

Feel as if I had taken a hard cold; stiff and sore when rising, relieved by careful movements (Rhus).

Rheumatic pains in all the joints on the approach of a rain storm or in rainy, changeable weather (never had a symptom of the kind before taking this remedy).

Extremities cold.

Sleep and Dreams.—Drowsy; sleepy; stupid.

Dreams unpleasant, full of contention and bickering.

Passed a wretched night, alternate sleep and wakefulness.

Head seemed to lie too high, though I lay on mattress without pillow or bolster (fifth night).

Sleep prevented by unpleasant things—things without connection, meaningless—coursing through the brain (Actea).

Sleep disturbed for weeks; one night, sleepless, tossing, dozing, dreaming; the next, probably from sheer exhaustion, sleep without waking but rise tired and unrefreshed.

General Symptoms.—Extreme lassitude (began second day and continued through proving).

Bruised, sore, tired feeling all over body.

Return of all the symptoms at 3 P. M.

Desire to be in the open air.

Very tired.

Chilly, sleepy, dull, listless, cold.

Prostrated all the forenoon, unable to do either mental or physical work of any kind.

Felt ill all over; indolent, prostrated; arms too heavy to be lifted; stiff on trying to walk.

Feel stiff and dizzy on rising from sitting.

Running through the entire proving (48 days) there has been sudden, sharp, shooting, stinging, burning, rheumatic pains; knees and elbows being most frequently attacked, yet the metatarsal joint of great toe was the most swollen and red.

Fever.—Chilly at 10 A. M.; chilly sensations begin in the back, lumbar region or occiput, passing upward in successive wave-like movements to the vertex.

Chilly between 12 and 1 P. M., with sharp pains in cardiac region of the stomach and much flatulence.

Chilly all the forenoon.

Uncomfortably chilly; feet and hands cold.

Aggravation.—Walking; fatigues, excites leucorrhœa.

Many symptoms appear in forenoon, wear off during the day.

Rheumatic pains worse in stormy weather.

Amelioration.—Feels better in the open air.

Hæmorrhage; relieves congestion of head, chest and uterus.

Walking; change of position.

Relations.—Duration of action about thirty days; the indolence and prostration were the first to appear and the last to disappear.

Similar to *Bell.*, *Amyl nit.*, *Glon.* (with red face and congestion of blood to head and face); *Ant. cr.* (for epistaxis after the headache, but not necessarily giving relief).

LAC CANINUM IN DIPHTHERIA.

C. F. NICHOLS, M.D., BOSTON, MASS.

In the use of Lac can. in diphtheria I have observed an interesting point: "It was twenty-four hours from the appearance to the entire disappearance of the patch in the throat" in the original proving. In prescribing I wait just twenty-four hours before repeating the dose or reconsidering the case. If no better at end of twenty-four hours, with symptoms still pointing to Lac can., I give another powder of a different potency. I have thus obtained much more prompt and satisfactory results than when the remedy was given in water and repeated every three or four hours.

One of my cases was little Moody, son of Moody, of "Moody and Sankey," sick with scarlatina "for the third time" (so reported). His throat was full of large, foul, gray-yellow patches, deglutition extremely painful after sleep and from swallowing acid fruits, lumpy sensation in throat, unrest, delirium with undefined fears, considerable bright-red, fine eruption

on-face and chest, itching with dry skin. (I do not remember to have seen a case of diphtheria, so-called, fairly well defined, but some eruption appeared at some time during the disease.)

Lac can. cm., one dose dry, and in forty-eight hours after, a dry powder of cmm. potency, cured promptly without any other remedy.

NOTA BENE.

CHAS. B. GILBERT, M.D.

Spinal remedies throw out suppressed disease.

Cocculus has re-developed an intermittent fever.

Conium has re-developed erysipelas that was suppressed two years before by means of local applications.

But don't give either Cocculus or Conium to re-develop diseases *unless they are indicated by the symptoms.*

Don't overlook Sulphur in erysipelas: flush of heat to face or back of neck, followed by moisture or weakness.

Don't wait for a blister in erysipelas before giving Cantharis if there is dysuria, or even frequent urination, and deep-red swelling. In a case where there was dysuria there was also a hard, dry cough that seemed to come from the bifurcation of the bronchia; a single dose helped both, and patient had a comfortable night.

Don't ! Don't !! Don't !!! give *any* medicine for "fever"; if you bring down the "fever" merely, you will bring down your patient with it. What would become of a very sick patient without fever? The undertaker can answer that. Fever is a *result*; it is not a *cause* of anything; as a symptom it is reliable, but is not worth half as much as it is ordinarily quoted.

Select your remedy *first*, for the benefit of the patient, *then* make your diagnosis for the benefit of the family; you thus avoid the bugbear of the influence of the pathology over the prescription.

When I began to study medicine I began to take the journals and soon found that the best cures were made by, and the most knowledge was gained from, men whose practice was to select the remedy according to the symptoms of the patient, which were facts, and not according to any *theoretical diagnosis*; phy-

sicians may disagree as to diagnosis, but the patient's symptoms are *positive*.

Stop these foolish quarrels about potency, which belongs to the *art* of Homœopathy: be uncompromising about the selection of the remedy, which constitutes the *science*. I give what I please. Do you likewise; and don't call me ignorant, fool, a mongrel or any other bad name, because I give the tincture or CM.

Digitalis has cured: hissing in left ear as of steam rushing through a small hole, with sensation as if the pharynx was more open than natural.

Don't give a vegetable remedy for *eczema capitis* or any eczema; the indications for such drugs are only apparent and will *dry up* an eczema without curing it. The danger is shown by a case reported by Dr. Simon, Jr., of Paris, at the International Medical Congress (N. A. Jour., vol. xxxiv, 651), when after the exhibition of *Viola tricolor*, serious symptoms of meningitis developed simultaneously with the disappearance of the eruption. Return of consciousness and improvement in the other cerebral symptoms began with the returning of the eruption. The disease is *psoric*, Hahnemann's name for hereditary venereal, and not functional, and must be treated with metals or the salts of metals—or, perhaps, with nosodes.

The pains of Sulphur were made intolerable by being covered with a feather bed (Germans).

Asthma made worse or brought on by sleeping on feathers, has been relieved by Sulphur.

Be careful how you use "Platt's Chlorides" in diphtheria. In one case it seemed to drive the disease into the larynx; at any rate the child promptly got worse.

LAC CANINUM VS. KALI BICH.

C. F. NICHOLS, M.D., BOSTON, MASS.

Miss K., very light blonde, full habit, a professional singer, syphilitic. Deep, ragged ulcer in roof of mouth, one and a half by two-thirds of an inch in diameter, with raised purple-red edges, full of toughly adherent yellow pus of sweet taste; membranes throughout bluish, with stinging aphthæ. Bridge of nose

swells; voice nasal, much obstructed; attacks of laryngeal hoarseness severe, with gasping aphonia; breath foul, sweetish. Has pock-like eruption on sacral region (without itching or other sensation). Has recto-vaginal fistula and bleeding piles (treated by Tincture Iodine and caustic). Numb pain in left arm, turns of syncope, no appetite, restless, irascible, changeable in purpose, fears to sleep on account of frightful dreams.

Lac can. cm. was given.

Six weeks after, seemed worse, ulcer had spread rapidly, with sharply serrated edges; on one side breaking down, blackish base; whole membrane oozing purulent matter; stinging aphthæ. Kali bich. gave prompt relief. She is now (Jan. 28th) filling her position as vocalist.

Surgery.

ENCEPHALOCELE TREATED SURGICALLY.

CHAS. S. MORLEY, M.D., DETROIT, MICH.

Freddie P., aged two years, is the seventh instance in three generations of congenital faults of the brain and cord, six of whom died under various medical and surgical treatments. The tumor was the size of an orange and of the suboccipital variety of encephalocele.

The parents desiring surgical aid if possible, anxiously assumed the responsibility of an operation, having been fully informed of the very dubious prognosis of surgeons. October 30th, after shaving and scrubbing the occipital scalp an injection of one-sixth grain of Morphine was thrown beneath the skin and the patient chloroformed. Two flaps were made by crucial incision, dissected down to the dura, and carefully separated from the pedicle, which was secured in a clamp, applied a little distance from the opening in the occiput. The purpose was to diminish the size of the pedicle to allow for intra-cranial pressure during the first twenty-four hours.

The tumor was cut away at the clamp and its stump soaked with alcohol.

In twenty hours the pedicle was diminished and a good elastic ligature tied close up to the bone on the pedicle.

On applying the ligature the pulse and respiration ceased for twenty-eight minutes, but after an occasional gasp during the second half hour, the respiration and pulse became somewhat regular after an hour of forced respiration.

This was succeeded by a temperature of 105 degrees F., and a pulse of two hundred; the head was drawn back and the eyes rolled up in their orbits.

Belladonna seemed to modify the condition, but was rapidly followed by the usual signs of ventricular effusion.

For thirty-six hours the senses of sight and hearing were apparently obliterated, and the morning of the fourth day the child first presented evidence of vision by noticing the electric light shining through the window of the room.

Bryonia and Apis were of signal service in removing the effusion, we having held surgical measures for removing the fluid in reserve. It was noted that an incidental eruption, urticarious in appearance, was produced by the Apis. (Dr. Fitzgerald, of Ann Arbor, informs me that Apis 30 invariably reproduces the eruption.)

It was deemed best to remove all stress upon the wound; thus all sutures were removed and the site of operation treated as an open wound—Iodoform, in powder, being the antiseptic.

It took several weeks for the elastic ligature to cut through the tough dura but the child steadily gained after the third week and finally, under appropriate treatment, a very slight scar firmly adherent at the bony opening, was all that remained.

The child's sleep has become normal, whereas formerly it could sleep but in naps, and a little pressure on the tumor would produce syncopal symptoms. Since the operation the child has learned to walk and to put words together. He gets up anywhere in the room, runs about, and talks short sentences.

This, briefly, is the story of the surgical treatment of the fourth case of successful operation for encephalocele.

It would be unjust to omit the previous medical treatment, which doubtless had much to do with the case, namely: Dr. S. A. Jones prescribed Silicea and Calcareo phos., both in the 3d trit., fifteen grains of each for a dose at night and in the morning alternately. I should also here acknowledge the assistance of Drs. McLaren and Fitzgerald, and Professor Sterling.

SURGICAL NOTES.

J. G. GILCHRIST, M.D., EDITOR, IOWA CITY, IA.

INTERNATIONAL JOURNAL OF SURGERY AND ANTISEPTICS

Is the title of a new candidate for professional patronage, designed to be issued quarterly, edited by Prof. M. J. Roberts, of New York. It makes a large demi-folio magazine, the first number containing sixty-four double-column pages, filled with exceptionally good matter. If the enterprise proves a success the surgical members of the profession will have a journal that they must highly prize. Illustrations are used freely. The papers of greatest value are those of Drs. Bernays and Roberts. The latter is eminently novel and at the same time practical, being a reprint of a paper read at the International Medical Congress, at Washington. There is rather too much of the personal pronoun, but perhaps the nature of things made that unavoidable. We most heartily and cordially welcome this valuable publication.

INTRA-PARIETAL HERNIA.

In some of the text-books, and all the systematic works on surgery, a variety of hernia is described, of somewhat rare occurrence, known as intra-parietal, or pro-peritoneal. Dr. Wm. S. Torrey, of Brooklyn, N. Y. (Ann. Surg., March, 1888), gives a highly entertaining account of a case occurring in his practice, which has recalled a possibly similar case in my own practice some years ago.

The characteristic feature in this variety of hernia is the separation of the fascia transversalis and the internal oblique, permitting a portion of the intestine to pass into the opening thus made. A modification, as occurred in Dr. Torrey's case, is a separation of the parietal peritoneum from the transversalis, giving practically the same condition. There is but one other condition which could give the same indications: viz., return of the protrusion by taxis, with stricture unrelieved; in other words, an internal stricture. In reduction *en masse*, if relief of symptoms of strangulation does not occur, one of two things is evident; either there has been an intra-parietal complication, or an internal stricture. The immediate causes for such complications are of two kinds: violent attempts at taxis, the constriction being at the internal ring, and as the protruded parts are

pushed up into the canal, the connective tissue between the transversalis and internal oblique is torn up, and the mass forced into the opening thus made, instead of into the abdomen. The second is some congenital abnormality in the peritoneum, leading to the formation of diverticulæ, particularly in cases of delayed descent of the testes, with potency of vaginal process. If a herniotomy is not made, as is well known, there is no assurance of reduction, even when the mass disappears from the fingers, and does not again protrude immediately; still less is there promise of cure. The lesson of the case referred to, and to my own as well, is that a herniotomy should *always* be made in strangulated hernia, as well to secure the conditions for a radical cure, as to guard against the error of returning an internally strangulated intestine. But this last cannot be assured, unless the sac is opened, neither, for that matter, can a radical cure be promised, in chronic cases, unless the same precaution is taken. My own case is as follows:

Sept. 4, 1881—J. O. S., age 75. The patient was an actor of prominence, who had a strangulation of an old hernia on the 30th of October, at some point in Kentucky, while on the stage during a performance. Physicians were called, who failed to make a diagnosis, but treated him with Morphia subcutaneously. He traveled with the company to which he belonged to Detroit, reaching that point on Sunday, November 4th, the Morphia being continued at intervals during the five days intervening. Dr. M. J. Spranger, of Detroit, who was called to see him, at once recognized the condition, and sent for me. The patient was found in a semi-moribund state; pulse weak, surface cold, clammy sweat, and mind disordered. Assisted by Drs. J. McGuire and brother, herniotomy was immediately made, without any attempt at taxis, and the protrusion easily reduced. The sac was opened, the knuckle of intestine carefully inspected, the stricture at the internal ring carefully divided, and no evidences of internal stricture was found. The patient reacted imperfectly; the operation was made about 5 P. M., and at 9.30 P. M. there was little improvement.

On the morning of the 5th, about 9 o'clock, I found the coroner in charge, the patient having died during the night, while his nurse was asleep. No post-mortem was had, but it was evident that there was stricture somewhere; it is certain that there

was none in the portion of intestine returned, therefore there is at least strong probability that there was an intra-parietal hernia. This case is not conclusive, of course, but seems to be fairly well established, unless the Morphia had something to do with the result, which seems scarcely possible from the lack of symptoms that should have been present. There is another case in my case-book that seems rather more to the point, looking at the record from my present information, although at the time it was a "mystery."

J. K., age 40. Dec. 23, 1882, called by Dr. O. Lang, of Detroit, Mich., to see this patient, who had a hernia (right inguinal) for two or three days. Under anæsthesia reduction was effected by moderate taxis, and there was no tendency to re-descent. Symptoms, however, did not abate, in fact they grew steadily worse, until on the 25th there were all the signs of advanced strangulation, even to stercoraceous vomiting. An incision was made over the external abdominal ring, and while no protrusion could be discovered in the canal, the internal ring was freely divided. Improvement commenced at once, and in twenty-four hours he seemed "out of danger." There were no evidences of intra-parietal hernia in this second operation, as far as objectivity was concerned, as I was for a long time at a loss to know how relief had followed my operation, which was purely tentative, it being determined to make a laparotomy and search for an obstructed intestine if relief did not follow. It is a moral certainty that the division of the internal ring released the constriction of a portion of intestine that certainly was *not* in the inguinal canal. Since my attention has been called to this supposed rare form of hernia, I had no cases that gave any such indications, although herniotomies have been very frequent indeed. The probabilities seem to be that the variety is not so rare as some suppose; the fact is that, like myself, surgeons have not recognized the cases when they have had them.

HERNIOTOMY FOR RADICAL CURE.

Some time since I had occasion to speak of success in this operation, but candor compels me to report two failures. One case is somewhat incomprehensible.

On the 8th of March, 1887, I operated for double inguinal hernia on C. S., age 60, simultaneously, and he remained well until a few days since, when both hernias reappeared. Why

there should be this recurrence, at this late day, in the absence of renewed exciting cause, I cannot divine.

Feb. 10, 1887, operated on S. W. M., age 46, right oblique inguinal hernia. For ten days there were none of the old symptoms and, on sitting up, no pressure at the ring. Presuming on his condition, and in utter disregard of his instructions, he left his bed and went up and down stairs without his truss, with the result that the whole trouble is now (March 12th) as bad as ever.

MAMMARY SCIRRHUS.

It is stated that tumors of the breast, particularly carcinoma, are oftener on the left side. To aid in establishing the truth, I note that out of 11 consecutive cases of tumors of the breast 10 occurred on the left side, and one (1) on the right.

SURGICAL SERVICE IN IOWA UNIVERSITY.

Until June, 1887, the Homœopathic department in our University received instruction in clinical surgery from the faculty of the Medical Department. In response to a request from the State society, the Board of Regents gave the whole of surgical instruction to the homœopathic faculty, with the understanding (owing to the lack of funds) that the maintenance of the clinic should be without expense to the university. The conditions were accepted, and earnest work at once commenced to make provision for what promised to be a year of "small things." By correspondence and personal solicitation sufficient members for an association were secured, which gave a sum, at \$5 from each, as annual dues, of \$223.25. An association was incorporated, a small house rented, and the various churches in the city requested to lend their aid in furnishing and equipping. A vigorous *Aid Society* was organized, and by the 1st of September, barely two months from the commencement, two rooms were completely furnished, two wards of three cots each, a room for the matron and house surgeon, kitchen, dining-room, office and operating room, the University supplied settees for the clinic room, all the rest being generously donated. The next problem was to work up a clinical clientage, not an easy task where physicians had long been in the habit of sending such patients

out of the state, or even to the other department. The first twenty weeks have only just ended, and this is our record.

Receipts from Membership Fees,	\$223 25
" Hospital Tickets,	78 00
" Board of Patients,	274 00
Total receipts,	<u>\$575 25</u>
Expended for Current expenses,	\$217 36
" Board of Patients,	268 60
Total expenses,	<u>\$485 96</u>

Surgical cases admitted, 34; medical cases, 28; county cases (county physician), 2. Total, 64.

Operations performed, 18; otherwise treated, 46; cured, 22; relieved, 18; unrelieved, 10; remaining under treatment, 6; died, 1; result unknown, 7.

The operations averaged one to each clinic, and the "presentations" three and two-thirds. The list of operations made is as follows:

Ovariectomies,	2	Sequestiotomies,	3
Excision of Knee,	1	Cleft plate,	2
Contracting scar,	1	Lacerated cervix,	1
Strabismus,	1	Compound ganglion,	1
Herniotomy	1	Hydrocele (incision),	1
Excision of Papilloma,	1	Extraction of Gun shot,	1
Pterygium,	1	Cold Abscess,	1

I do not think there are many schools that can show a better record for their first year, with all the disadvantages we had to labor under, and, above all, with such limited means. In the hope that this may reach the eye of many of our alumni, and the profession in our own state, the record is published for two reasons:

1st. As a report of our work.

2d. As a stimulus and earnest appeal to all who have the power, to assist us to make a much better showing the coming year.

J. G. GILCHRIST,

Sec'y Hospital Association.

DIPHTHERIA.—"I believe our divine art has remedies for this dreadful malady as potent as for any and all other diseases. I have not lost a diphtheria patient in twenty-eight years, and in that time I have had more than a thousand. Neither have I gone outside of six or seven straight homœopathic remedies with which to control every case. No gargles for my patients; only the ignorant can think of such. With most children their use is out of the question; not only entirely needless, but absolutely pernicious. I have no more anxiety about my patients in this dreadful disease than in a common cold. Strange that so many of our school have not found out how to treat this malady, or have had such indifferent success with it."—E. G. Cook, M.D.

Clinical Medicine.

THE BORDERLAND OF INSANITY.

THOMAS SKINNER, M.D., LONDON, ENG.

[Continued from page 262.]

MONOMANIA.—FEAR OF HYDROPHOBIA.

Mr. —, aged 48, married, was placed under my care by a homœopathic physician who had tried his best for many months but had failed to touch the complaint; besides, as the physician had a large family practice to attend to, he had not the time to devote to the study of such a case. So far as I could make out from the previous history of the case, I should say that *the disease* had been treated, instead of *the patient by the totality of his symptoms*, including a marked psoric constitution. In this country, Britain and Ireland, this peculiar style of Homœopathy — Hendersonian — is the rule and very rarely the exception, although the most of them swear to the contrary, and are highly offended if you tell them so directly or indirectly.

My patient was engaged in mercantile pursuits, and excepting monomaniacal and perfectly insane fears, he was a man of sound mind and vigorous intellect. He invariably led me to understand that he was well aware that his fears were utterly groundless and unreasonable, and he would add, "but then, Doctor, they are more than a match for me; they overrule me and make an ass of me—I know it."

SEMEIOLOGY.—Extreme nervousness with hypochondriasis—great fear of dogs and of hydrophobia. He had been bitten by a dog three years ago, and his daughter had been bitten a year before that. When his daughter was bitten he took to "reading up," *hinc illæ lachrymæ*. Pope was right when he wrote

"A little learning is a dangerous thing."

My patient's reading up on hydrophobia gave him even something worse than the disease he feared, as it frightened him out of his reason on that particular subject, and instead of his absurd fears wearing themselves out, they grew only the longer the worse, rendering him almost unfit for his business. The presence of a dog was certain to unman him, and if he saw one in any part of a street, he would have to turn back or get into the nearest by-street, or bolt into a shop and buy a biscuit, an

orange, or ask change for a sixpence. In order to give some idea of the tremendous hold the dread of dogs and hydrophobia had upon him, and the strange ramifications which one idea may take in a sober and otherwise well-balanced brain, I cannot do better than narrate the following circumstance as nearly as I can remember as it came from his own lips about ten years ago.

He premised as follows: "Doctor, I know you will laugh at me, or you may think that I am entirely 'off it.' I know well that what is the matter with me is a form of madness, and that is why I sadly and seriously desire to be cured for the sake of my family and myself. On the occasion of this visit I have been many times on your door-step about to ring the bell, and as often have I lost courage and retired. My fear then was that if I touched the handle of the door-bell, it was possible and not improbable that some butcher's boy might recently have touched the handle with his hand which had been fondling, playing with, or touching his dog's mouth; that some of the saliva from the dog's mouth was conveyed to the handle of the door-bell, and if I touched it I should get some on my fingers which I might convey to my mouth, or rub my eyes with my poisoned fingers, I should then take hydrophobia and die. The risk was too great for me, I have been about an hour trying to summon up courage to ring your bell, and the longer I delayed the more overwhelming became my fears, I might have been possessed. One happy thought struck me, and that was to take the advantage of another patient or caller arriving at the door, but I was doomed to disappointment. At last another happy thought struck me, 'necessity is the mother of invention,' so I took out my pocket handkerchief, folded it quadruple, covered my right hand and fingers with it, walked boldly up to the bell and gave it a decided pull, such a pull as satisfied me by the sound which followed that a repetition would be unnecessary even should the inmates be asleep. The door was opened, and here I am. I may as well add, that I flung the handkerchief into the adjoining area, as I should just as soon or sooner have gone and hanged myself as have used that handkerchief for the sanitary purpose of blowing *my* nose."

He put considerable emphasis on the "my."

Amongst his other symptoms were impairment of memory for names, places and people. He calls Parker, Carter, and Clarke,

Park, and transposes consonants in writing. The left foot is always colder than his right, and the soles of both are damp. He has a great dread of death and believes his case all but incurable. He fears dogs and hydrophobia, and Hydrophobine is on everything and everywhere.

THERAPEUTICS.—The above symptoms point, in my estimation, to Aconite, Arsenicum, Calcarea, Lycopodium, Nux vomica, and Sulphur, also Belladonna and China.

Oct. 30, 1878, I gave him one dose of Aconitum nap. 150 m. (Fincke). and Sac. lac. every morning.

Nov. 6.—No marked change, so I gave him Lycopodium 50 m. (F. C.), and Sac. lac. every morning.

Nov. 20.—Reports an aggravation of the fear of dogs, but a general improvement in his mental symptoms. No medicine.

Dec. 6.—Aggravation less, but nothing like improvement, except that he felt his left leg of an equal temperature with his right limb. I now gave him one dose of Nux vom. 10 m. (F. C.), and Sac. lac., seven powders, one to be taken every second morning.

Dec. 20.—Reports that he feels ever so much better since the dose I placed upon his tongue. He felt himself to be in a more agreeable train of thought, more indifferent to the fear of death from hydrophobia, and from the fear of not recovering—more hopeful in fact. He desired me to supply him with “a stock of the same medicine.” The very last thing I was likely to do, so I gave him Sac. lac.

Dec. 31.—Reports that he had experienced a great fright from a man who was splashing water where he thought and believed that dogs had been urinating, and he felt certain that a drop of the water had got into his eye. He was now in for hydrophobia and would die. I gave him there and then Nux vom. cm. (F. C.), and he very soon experienced complete relief.

Jan. 2, 1879.—Reports that he has felt better than for years. He could now realize that he was suffering from a disease. He does not now see Hydrophobine in everything, and he feels that he does not require to wash his hands after touching anything and everything which he thinks may have some connection with rabies. Sac. lac.

Jan. 17.—He informed me that he has an impairment of sex-

ual appetite with occasional erections, *and he always feels better of his monomaniacal feelings when his virile powers are strongest.* In consequence, he has to keep from intercourse with his wife for weeks at a time, as a single coitus frequently induces great nervousness, trembling and depression, fear, agitation, with an aggravation of his monomania, which enforces long-continued celibacy. Hence the good effects of the Nux. I now gave him the analogous antipsoric to Nux, namely, Sulphur 10 m. (F. C.), one dose *statim*.

Jan. 24.—Since the one dose of Sulphur 10 m., he has felt in going down a staircase as if he was about to be precipitated to the foot of it unless he catches hold of the rail or something to prevent his falling. He has also experienced a difficulty in remembering names, but which is not new to him, although at present it is decidedly augmented. In conversation he has a difficulty in finding the right words with which to express himself; he puts wrong words in the wrong place and spoils the sense of what he wishes to express. Sac. lac.

Feb. 1.—He is better of the above symptoms or nearly well, but in bed of a morning he is terribly sad and fears he will never get through the day's work to his satisfaction, if at all. Pulsatilla cm., *statim*, one dose.

Feb. 7.—Very much better in every respect. From this date until the 9th of May, 1879, he had one or two single doses of Sulphur cm., which caused no aggravation and did him infinite good, and from the 12th of May until the end of the month he had one dose of Nux vom. 2 m, every night. He got no more medicine, and I have every reason to believe that he is and has remained "a well man" ever since.

Comment seems unnecessary.

[TO BE CONTINUED.]

MAMMARY CANCER.—CINCHONA.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

Mrs. S., aged 60 years, widow, mother of several living sons and daughters, blue eyes, light hair and complexion. Some five years since discovered a lump in the left breast, on the inside, and below the nipple, in which from time to time she experienced sharp, twinging pains, which became more frequent and

persistent; the tumor all the time increasing in size, with the integuments adherent, surface nodular, nipple retracted; finally it broke, discharging a sanious, fetid fluid, and at times a profuse discharge of blood; the general health very much impaired, and the countenance assuming the peculiar straw color so characteristic of cancerous affections.

"The darting, lancinating pains are aggravated or excited by contact, at night, and after a meal; low-spirited, no desire to live, indifference, apathy; sleep much broken": languor and lassitude; appetite capricious, with weakness from the loss of blood, and an occasional attack of lenteric diarrhoea.

In the summer of 1886, I prescribed Cinchona 3, which was continued many months with a steady and permanent improvement, and under this remedy, with no topical application, the ulcerated surface healed, or contracted, so as nearly to close up; no more bleeding, little or no discharge and sometimes for days and weeks no pain, and the general health very good.

Oct. 25, 1887.—It is now one and a half years since the Cinchona was first given. She has taken no other remedy, and it is now so nearly well she does not believe it cancer; no pain and only occasionally any discharge, and she feels so well she is sure the doctors are mistaken in their diagnosis. Remedy continued.

It undoubtedly is cancerous, has all the characteristics of it, and the question now is, What was the effect of the Cinchona? Did it help? If so, how? Had it any direct influence upon the *putrid, open sore*, that was larger than a silver dollar, and bled upon the slightest touch; or, did it help by building up the general system? Certainly, there has been no cure effected; but the relief following the administration of the remedy far surpasses my expectations.

Dec. 1, 1887.—Sent for in haste to see my patient, and found the following symptoms: darting pains in the left arm and shoulder, has had several slight bleedings and the sore discharges considerably; "pains aggravated, or excited by contact, and at night, darting, lancinating with pressure." Cinchona 3, three times a day.

Dec. 16th.—I wish to state that for two or three months previous to this date I had lost sight of the case (being absent from the city); but this attack was followed by prompt relief; no

more bleeding, very little discharge and almost entire cessation of pain, "feels first rate."

Dec. 26th.—Not quite so well, more pain, bleeding and discharge. Cinchona 200, four doses at twelve-hour intervals, which made the symptoms so much worse that the lady was much alarmed, but all passed off in a few days.

January 18, 1888.—The sore is much smaller, no bleeding, little or no pain, and very slight discharge, bland in character and not at all offensive. Feels strong, eats and sleeps well, working about the house, goes to church and about the city.

The breast is about one half gone, including the nipple, the ulceration destroying the lower half; and the whole mass is firmly fixed to the ribs, so as to be immovable; sore not larger than a dime, discharge scanty, yellow, thick, bland, and odorless, general health good, never better, and to use her own language, "she feels like a young girl."

I hope to be able to watch the progress of the case, and exhaust one attenuation before going to a higher.

Jan. 31.—The ulcer looks as if nearly healed, but does not appear as well as two months since, and has bled a half a spoonful. Cinchona 10 m, one dose followed by placebo. This prescription was premature; the bleeding, I afterward found, was caused by her lifting a heavy child, which I had strictly forbidden.

This prescription was followed by much pain in the sore, for one day. Since then no pain, no bleeding, and no discharge worthy of note; in fact, at this date, March 20th, I examined it and found not one particle of raw surface, all apparently perfectly healed over, and presenting a scaly, scurfy appearance. Her general health never was better.

At the point where the nipple was, as nearly as she can locate it, she occasionally feels a slight quivering sensation, but no more pain. Placebo.

Is it cured?

I wish to acknowledge myself under many obligations to my esteemed friend, Dr. J. D. Tyrrell, of Toronto, Canada, for valuable suggestions and remedies.

[The diagnosis, here, will be disputed, as Cinchona is a remedy not often indicated in cancer. But the Doctor prescribed for his patient, not for the cancer, and made a brilliant cure. This is true Homœopathy.]—ED.

ENDEMIC TYPHOID.

GEORGE LOGAN, M.D., OTTAWA, ONT.

During the months of November and December, 1887, and part of January, 1888, our usually remarkably healthy city was visited by an endemic of typhoid fever, which in its suddenness and extent rather startled our citizens and produced some anxiety as to the safety of our inhabitants. A few notes may be of interest to your readers.

Ottawa, containing a population of over 36,000, is situated on the high south bank of the Ottawa river, and topographically is favorably situated for drainage and hygienic purposes. For fifteen years or more it has been comparatively free from zymotic diseases. This, no doubt, is in part owing to the excellent system of water works and sewerage which we now possess; and the Ottawa river water has been pronounced by experts to be the best in America. Under these circumstances our citizens were somewhat puzzled to determine the cause of such an extensive and alarming outbreak of this disease.

The summer of '87 being a remarkably dry one, was thought by some of our medical men to be the cause of the fever, which they diagnosed typhoid-malarial. Two expert chemists were employed to analyze the water; one contended that it was pure, or at least did not contain typhoid poison; while the other claimed to have found sufficient animal matter to make it unfit for drinking purposes. The people were advised to boil all water used for drinking and cooking purposes as a precaution, but notwithstanding this the disease spread so rapidly that in two months and a half over 1,500 cases were reported to the authorities.

On careful examination it was discovered that some cases of the disease existed on the borders of a small stream which empties into the bay above the mouth of two city supply pipes, and may have thus poisoned the water; while others contended that two such cases would not be sufficient to create such an extensive endemic, urging that imperfect drainage must be the sole cause. In the estimation of our city authorities the cause is still *sub judice*. My own impression is that both the water and sewerage were factors in the case. With the present etiology of this disease we have no doubt as to its common origin, but the difficulty in our case is to locate the cause—to "catch

the typhoid bacillus." The fever began to decline with the first severe frost in the latter part of December and the first half of January of this year. At the present time (April 14th) and for the previous month, I am not aware of a single case occurring in our city.

The disease on the whole was of a mild type, but maintaining all the undoubted characteristics of typhoid.

A few of our leading allopathic physicians having pronounced the endemic "typho-malarial," the lesser lights took their "cue" from them and the unfortunate patients were medicated *secundum artem*—Quinine and stimulants were freely used. It is needless to say that they lost a large number of cases.

Your humble servant took an active part in the contest—having treated over fifty cases without losing one with the fever proper; two cases died during convalescence from imprudence on their own part, and want of attention on the part of the attendants.

It is not necessary to say that I treated my patients according to the indications in each case; the uniform similarity of symptoms in most of my patients, however, called for the good old remedies—Bryonia and Rhus; the former in the first and second week, and Rhus in the second and third. Arsenicum controlled the looseness of the bowels effectually. Nitric acid did good service in hæmorrhage from the bowels. I used Gelsemium in some light cases during the first week with apparent good results. Baptisia, in one case, during the first week—temperature 103 to 104. My special indications for this remedy are, a fetid odor of the breath, and more or less disagreeable odor from the whole body. I used but little stimulation; milk exclusively for food. Beef tea invariably produced aggravation, increasing the temperature and the looseness of the bowels. The general temperature ranged from 102 to 105; 105 being the highest in any of the cases. Crisis occurred in about six cases on the eighth day—the larger number going three weeks. A favorable convalescence was maintained by withholding solid food; many lives were lost here by imprudence in feeding, and I believe by over-stimulation.

The sudden fall of high temperature is looked upon by some authorities as an unfavorable indication. I wish to mention that in one case, a young girl of eight or nine years, of a tuber-

cular diathesis, began with a temperature of 104, which continued until the eighth day, when it fell to normal, and continued so until fully recovered.

[The contamination of the little stream above the source of water supply renders this very similar to that fatal epidemic in a town in Pennsylvania, a few years ago, from a single case near the fountain of its water supply.]—ED.

OUTLINE FOR DIAGNOSIS IN DISEASES OF THE KIDNEY.

CLIFFORD MITCHELL, M.D., CHICAGO.

I.—Chemical Examination of the Urine.

The *urine of twenty-four hours* should be collected and measured, its reaction noted with litmus paper, color, odor, and general appearance observed, the *specific gravity* taken with an accurate urinometer, the *total solids* approximately estimated, *albumin* tested for and, if found, estimated in quantity, *urea* estimated quantitatively, and the quantity of *phosphoric acid* excreted ascertained. The sediment should be tested for blood, pus, urates, uric acid.

II.—Microscopical Examination of the Urine.

The sediment having been carefully collected *tube casts*, *renal epithelium*, *blood* and *pus* corpuscles, and crystals of *uric acid* and *calcium oxalate* should be sought for.

III.—Examination of the patient.

(a) Age, sex, and weight of patient?

(b) History? (Ascertain particularly whether there has been previous acute nephritis; ask for history of alcoholism, gout, lead poisoning, apoplexy, syphilis, phthisis, scrofula, chronic suppurative processes.)

(c) General condition?

(1) *Head*.—Observe appearance of face; note if features are *puffy* and *pallid* or whether the skin is *sallow* and *cachectic* in hue, or *cyanotic*. If *headache*, ascertain particularly whether it be *occipital* and extending to *back of the neck*. Note *disturbances of hearing or vision*, *insomnia*, *mental depression*, and *hypochondria*. Inquire for presence of *epistaxis*.

(2) *Chest*.—Notice whether the patient is suffering (or has suffered) from *dyspnœa*; whether the area of *cardiac dulness* is increased or whether there are signs of *cardiac changes* in general.

(3) *Abdomen*.—Inquire for *gastro-intestinal* symptoms, *nausea*, *vomiting*, *flatulent dyspepsia*, *diarrhœa*; look for *enlargement of liver* or *spleen*; note any symptoms connected with the *urinary organs*, as total number of micturitions, micturitions at night if any, pain (on voiding urine) whether absent, renal colic, clots of blood voided, etc., etc.

(4) Notice whether *the pulse is hard, resistant, rolling like a cord*, or *small, compressible, rapid*. Observe whether the *larger veins are prominent*, especially over the abdomen and lower extremities.

(5) *Dropsy*.—If there is or has been dropsy, where first noticed, and whether general or confined to special localities.

(6) *Miscellaneous*.—Inquire for muscular weakness, lassitude, vertigo, loss of sexual desire. Ascertain whether there have been convulsions, coma, or other symptoms of *uræmia*.

The number of points that *may* be brought out is so great that it would take up too much space to continue further. In general, however, and especially in uncomplicated cases, the diagnosis may be made from information obtained in answer to the questions already suggested.

IV.—Cases.

The following typical cases that have come under my notice will illustrate, partly at least, the use of the above.

CASE 1.—Quantity of twenty-four hours' urine 2500 c.c., specific gravity 1006, (approximate) solids 31 grams, urea 21 grams, phosphoric acid 0.9 gram, albumin 0.2 per cent by weight. Sediment very scanty, contains one or two finely granular casts, a few hyaline casts, crystals of calcium oxalate and uric acid. Urine pale as water. Patient, Mr. N., 48 years of age, gouty history, general condition well preserved, occipital headache, hypertrophy left heart, recent flatulent dyspepsia, rises at night to urinate, pulse hard and resistant, no dropsy. Diagnosis: *Cirrhosis of the kidney* (chronic interstitial nephritis, granular kidney).

CASE 2.—Quantity of urine in twenty-four hours (diminished) 750 C. c., specific gravity 1030, solids 42 grams, urea 25 grams, phosphoric acid not estimated, albumin 1 per cent by weight.

Sediment more or less copious, contains fatty and granular casts and numerous leucocytes. Patient, Mr. A. W., 31 years of age, no (definite history) features puffy, pallor, appetite poor, dropsy more or less general, debility marked and early noticed, anæmia. Diagnosis, *Chronic parenchymatous nephritis*.

70 State street.

CASES CURED BY A FEW COMMON REMEDIES.

S. E. BURCHFIELD, M.D., HOUTZDALE, PA.

ACONITE.—SUNSTROKE.

David R., aged 35. A red, thin, stoop-shouldered carpenter. Working in the hot sun roofing, he was prostrated by the heat, and the following symptoms appeared when I saw him the next day: Red face, great nervousness, excitability and fear, intense thirst, hot, dry skin and a full, bounding pulse. Aconite 3x promptly furnished relief.

SPONGIA.—COUGH.

Mrs. W., aged 70, last surviving grandchild of General Arthur St. Clair. Had cough for a few days, very annoying. Cough dry, wheezing, occurring with inspiration. *Must lie with her head high*. Her paroxysms are *relieved by eating ever so little*. Spongia 3x quickly brought a cure.

IGNATIA.—DYSPEPSIA.

Miss Ella S., a brunette, aged about twenty. Her mother died several months ago. The young lady had nursed her mother and was greatly worn down from the anxiety and work. She grieved much over her mother's death, and has not been well since. Is weak, is full of grief and sighs but cannot cry. Is disinclined to eat. Her stomach is sore, food distresses and her bowels sluggish. She has frequent headaches with pain in the temples, and an empty feeling at pit of stomach. Under Ignatia 3x she gained rapidly in flesh, had good digestion, became cheerful, acting and looking like another girl.

PHOSPHORUS.—COUGH.

Philip G., aged 28, a narrow-chested, slender, stoop-shouldered blonde. Had a persistent dry cough at night for several weeks. Home remedies failed to relieve. The cough is aggravated by *lying on left side*, and by laughing and talking. Had soreness

and tenderness in left chest on percussion; hoarseness and a tightness across his chest in the region of the third and fourth ribs. Phosphorus 3x completely cured in a few days.

SABINA.—UTERINE HÆMORRHAGE.

Mrs. S., a brunette, aged 26, married ten years. For three months had anemia which two different old-school doctors said was due to "cold," and for which they prescribed heavy doses of strong medicine. I was called late one evening to see her, and learned that she had had a miscarriage and that the membranes had come away perfectly. The woman was flooding frightfully, and had severe pains running from small of back to pubes. The blood was bright in color and occasionally clotted. I ordered absolute quiet and prescribed Sabina 3x, twenty drops in water, a teaspoonful of the dilution to be taken every hour. By the next morning the hæmorrhage had almost ceased, and as she began to feel better the woman got out of bed two or three times. This indiscretion caused a return of the flooding. By a messenger I sent some Sabina 1x, which only aggravated the trouble. I was summoned again and found her condition still called for Sabina, which I gave her in the 3x every two hours. This promptly controlled the bleeding until indiscretion number two, in the shape of a mess of sauer kroust caused its return. Under the Sabina she made rapid recovery from the hæmorrhage. On the fifth day indiscretion number three brought on a chill and I was summoned the third time. Found she had had a chill followed by fever, lochia suppressed, pulse 120, great thirst and restlessness. Aconite 3x almost completely relieved all symptoms in two days. This was followed by directions to use a generous diet and avoid over-exertion. In a few weeks the woman was perfectly recovered from a dangerous condition.

BELLADONNA.—HEADACHE.

Mrs. M., a hotel-keeper's wife—fat, florid, forty-two. For many months she has been troubled with a menstrual headache that now appears at more frequent intervals. Her head is hot, full, throbbing, bursting, and the whole surface of her body feverish. When at attack comes on she must keep quiet, her pains being greatly aggravated by noise, jars, etc. Belladonna 3x promptly relieved her attacks of headache, made them farther apart and greatly ameliorated her sufferings at the men-

strual nismus. She had taken quarts of allopathic and eclectic drugs to no avail. I believe Belladonna 3x finally cured the congestive condition, as her health is now perfect.

PULSATILLA.—SPASMS.

Mrs. S., married four years, aged 24. Her youngest child is three months old. She is a blonde. In girlhood had a fright followed by chorea. Since her marriage she had excellent health until last pregnancy, during which she took peculiar "spells" at long intervals. In sleep she would have a tonic spasm lasting from one-half to three-fourths of an hour, with frothing at the mouth. In the three months since delivery she has had four spasms, two being in one night. Before becoming stiff her husband says she jerks, then doubles up and ends by straightening out stiff. These spells are more apt to occur if she is near her monthly period and if her bowels are constipated. Her mind is at times affected. At present she is nursing her three-month's old babe and menstruating regularly. Her digestion is weak—coffee, butter, fats and cream disagree. Tongue slightly coated, belches wind, bowels costive. Chilly even by the fire, then too hot. I prescribed Pulsatilla 3x, with directions to use plenty of milk, chocolate and other nourishing foods, and avoid fats and coffee. Under this treatment she rapidly regained her health with no return of the spasms.

NITRIC ACID.—NECROSIS OF JAW.

Daniel R., aged 70, a very much stooped, broken-down old man. Has been a pauper for several years. He has been rather too amative for his own good, raising two large families, the second brood being nearly all helpless children yet. Early in the fall of 1884 he took a swelling in his upper jaw, accompanied by pain, debility and soreness. When I found the case in January, 1885, his gums were swollen, some of the teeth were loose and others had been pulled with his fingers. As the disease progressed I diagnosed necrosis of the alveolar processes of both superior maxillary bones. The upper teeth came away one by one, and also small pieces of the alveolar process became loose and were taken out from time to time. Pus was formed profusely. Under Nitric acid 4x the disease was controlled in a few months and cured in less than a year.

PHOSPHORUS.—FREQUENT MICTURITION.

CASE I.—H. D., a lawyer, but now keeping a store. He is a

blonde of the nervous type, and was obliged to change his profession on account of nervous symptoms, the most annoying of which was a frequent call to urinate. He had tried various treatments with little benefit. Urine was normal in quality and quantity, and the case presented itself to me as irritability of the bladder due to imperfect innervation. The patient's appearance and history impressed me with the idea that Phosphorus would give him relief. Two prescriptions of Phosphorus 3x permanently cured the urinary symptoms.

CASE II.—Howard P., age 16, florid type and large for his age. Since infancy he has had enuresis, and now is obliged to rise three or four times nightly. The boy has had heroic medication both nauseous and expensive. His urine has constantly a reddish tinge with more or less sediment of white flocculi. The lad's general health is fairly good, but on account of his frequent calls to void urine is obliged to remain from public school. Phosphorus 3x, given four times a day for a month brought about a normal condition of his bladder.

ECZEMA CAPITIS.—HEPAR.

CASE I.—Mr. P's boy, age about two years, blonde type, fat and good-natured. For two or three months has had sores on head, *very sensitive to touch, each sore being surrounded by a reddened circle on which are smaller pustules.* The sores formed separate patches, eight or ten in number, on each of which was a scab easily removed. The daily administration of Hepar 30 promptly cured the eruption in a little over a fortnight, much to the delight of the mother.

ECZEMA CAPITIS.—CALCAREA CARB.

Josie M., aged 3 years. The girl had crusta lactea for six months. She received treatment by ointments of various kinds to no avail. When called to the case I found large patches of scabs on top and sides of head, with deep cracks. A thick yellow pus exuded from the sores on the sides of her head and excoriated the cheeks, neck and ears. Her eyelids were inflamed and glued together in the morning. Many of the lymphatic glands in her neck were hard, but none had opened. Calcarea 6x, four times a day, completely cured the case in a little over two weeks.

BRYONIA.—CHOLERA INFANTUM.

Mr. J.'s child, aged six months. Has had severe diarrhoea with

vomiting for three days, in the hottest part of August. Stools thin, brown and lumpy. Previous to stool the child cries out with pain. It lies very quiet and cries if troubled or moved. The parents despaired of their child's recovery because of its debility and refusal to take nourishment of any kind excepting water. Bryonia 3x was prescribed without seeing the child, but the drug afforded prompt and speedy relief, so that in three days it had recovered from all the symptoms of indigestion.

BRYONIA.—SUPPRESSED MENSES.

Dolly P., a plethoric brunette of 18 years was suffering from the effects of anemia brought about by getting wet when overheated. She has stitches through her chest aggravated by motion and a full breath. Nosebleed and pressure in the forehead as if it would burst. She has a good history and is the picture of health. Her menses have failed to appear twice when due. She feels like sitting or lying quiet all the time. Bryonia 3x relieved all distressing symptoms and brought about a normal menstrual flow at the proper time.

SANICULA.—CASES CURED.

G. W. SHERBINO, M.D., ABILENE, TEXAS.

INANITION.

CASE I.—Albert S., aged one year and eight months, dark hair and eyes, white, clear complexion. Has been sick for one month with diarrhoea; bowels running off for some time; is losing flesh; he was very fat and plump before his sickness came on; he was never sick before. Has pain when his bowels move, gets restless then and *very wilful*; can do nothing with him only by coaxing him. Sweats on the back of the head, wetting the pillow; this is noticed more while sleeping. Abdomen swollen, seems hard. Stools: watery, yellow and green, leaving a green stain on the diaper; *odor of rotten cheese; lumps of curd pass*; the child is kept *absolutely clean, but still this odor follows him and no amount of washing seems to relieve him of it* (Sulph.).

July 8th.—Stools to-day look like *scrambled eggs*, leaving a greenish color on the napkin. Calcarea 13m., one dose; Sac. lac in water every two hours. Was called at 1 P. M.; child had been screaming with pain, but on my arrival had dropped off to

sleep; feet clammy and cold; sweating on head. Continued Sac. lac.

July 9th.—No better. Child getting worse.

July 10th.—Gave Sanicula 10m. (Skinner), one dose. Sac. lac. every two hours.

July 11th.—Child seems better; the stools not so often; is much brighter. Stools not so offensive. Continued Sac. lac.

July 12.—Called this morning. Child not so well; stupid, drowsy, peevish, headstrong and wilful. Stools this morning have the rotten cheese smell and the smell follows him around everywhere. Gave Sanicula 10m., one dose.

July 13th.—Called this morning; much better; can walk some; asks for ice cream, etc. Had four stools yesterday and three this forenoon; *a very peculiar condition is that a portion looks like stirred-up eggs that are being fried*, and another portion of the same stool looks the *color* of verdigris and is separate from the other portion of the stools; lumpy; rotten cheese smell is better. Stools are changeable. Sac. lac.

July 14th.—Is not so well to-day. Gave one dose of Sanicula 50m. Sac. lac. in water.

July 15th.—The mother says he had eight stools yesterday, but this morning he is much better every way.

July 16th.—Called this morning, found the little fellow up and dressed; getting better; has good appetite now for milk and crackers. Discharged, cured.

CASE II.—J. R., aged one year. Has been sick all summer with diarrhoea. Was a fat, hearty child before taking sick, but now he is very much reduced in flesh; his abdomen, however, is the largest part of him. He sweats a great deal about the head, especially the occiput, wetting the pillow when sleeping; cross and irritable, headstrong. Sleeps but very little at night; restless, tosses and rolls all night long. Stools very offensive; have the odor of old rotten cheese; look like scrambled eggs. Gave Sanicula 10m., one dose; Sac. lac. in water every two hours. Remedies used in this case off and on were Belladonna, Chamomilla, Calcarea carb., China, Cina, and Sulphur.

There is one symptom I wish to mention: on waking from sleep he draws his finger rapidly across his nose. His father says he is doing this almost constantly; it is a "*rowing motion*."

I have cured four or five cases with this complaint since com-

mening with this remedy, where the seemingly well-indicated antispasmodics were inadequate to combat the disease. This case had scarcely any urine; only passed urine once in twenty-four hours. As the child improved the secretion of urine was re-established.

CASE III.—Child, aged two and a half years. Has been sick for one month with feverish spells and bowels running off. Has had old-school treatment. Diagnosed remittent fever. The child was losing flesh every day, and they could not check the diarrhœa, so came to town for me.

Symptoms.—Pulse 140, temperature 102. *Worse at night.* No one in the house could sleep for his crying. Restless as he could be; thirsty for cold water, drinking every few minutes large quantities. Has pain before stool with some relief afterwards. Sweating of the head, wetting the pillow all around; bloated abdomen, as tight as a drum. Stools every hour or two looking like scrambled eggs, with green particles of mucus and smelling of old cheese. This smell could not be washed off the child; it followed him around; the stools at times were changeable, like Pulsatilla.

Now, I want to say I did not give Bryonia nor Hepar for this condition, but *Sanicula* 10m. (Skinner), as all of the above symptoms will be found in its forthcoming proving. These kind of cases has given me more anxiety and trouble than any others in my practice. Two doses, with *Sac. lac.* for a week, cured this case.

I cured a case in an adjoining county with these same symptoms, with the 30th potency; it did not need to be repeated.

CANCER CURED.

GEO. EDENS, M.D., DANVILLE, ILL.

[Translated by A. McNeil, M.D., San Francisco, Cal., from *Die Allg. Hom. Zeit.*]

In late numbers of the *Allg. Hom. Zeitung* there were several cures of schirrus reported which caused me to report the following case:

Mrs. S., 47 years old, came to me in the middle of January, 1887. She had been for month under allopathic treatment for gastritis. She felt very weak; vomited constantly mucus and

dark masses similar to coffee-grounds. On close examination I discovered two hard knots in the pit of the stomach. She complained of much thirst, and for the last three weeks vomited immediately after eating and drinking. I gave Arsenicum, without benefit, for eight days. Skin yellow and dry, body still more emaciated during this interval. My diagnosis was schirrus; prognosis unfavorable. I now gave Condurango 9, four drops every two hours. In three days the vomiting abated, the stomach retained boiled milk and buttermilk. I continued for two weeks giving four drops every two hours, then four drops four times a day. After three months' treatment the swelling was gone; appetite good, skin soft and elastic. Since then she has remained perfectly well. I saw her a few days ago and none of the former symptoms were observable.

VOMITING OF PREGNANCY.—SULPHURIC ACID.

H. C. MORROW, M.D., SHERMAN, TEX.

Patient thirty-six years of age. Has always had a very irritable stomach which she inherited from her mother.

This is the fourth time she has been pregnant and her first experience with Homœopathy. In each of her previous pregnancies, from the second month to the end of term, she has vomited more or less from first to last, without any relief or benefit from her "regular" (?) physicians.

When I was called she was in the third month or about the ninth week. The symptoms when I first saw her were as follows: Constant, profuse flow of watery saliva; had to spit constantly day and night; vomits frothy mucus without taste.

Every attack of vomiting commences with coughing, which ends in retching, gagging and finally spitting a mouthful of mucus.

Sensation of a lump in throat.

Throat, as well as the stomach, exceedingly sensitive to pressure.

Attacks of vomiting somewhat ameliorated by drinking very hot water.

Soreness in pit of stomach; stomach tender to touch or pressure.

Intense thirst for large quantities of water.

Pain in stomach after drinking anything cold.

Water feels cold in stomach after drinking.

A peculiarity of the case was that she never vomited food, but could not eat because it increased the distress in the stomach and the vomiting of mucus.

She was a very sick woman indeed. The profuse flow of saliva, the inability to take food, the loss of sleep, the constant straining and retching soon had the effect to cause a great loss of flesh and intense prostration, and although I am not easily frightened, I became very apprehensive of serious results. Fortunately the patient's bowels were constipated and by my direction milk enemata were administered from the fourth day on, from which she actually gained strength though the vomiting continued. I gave in succession, not alternation, *Nux vomica*, *Lobelia*, *Arsenicum*, and *Nitric acid*. These relieved some of the accessory troubles but the main special and peculiar symptoms of the case "drew their weary length along."

I suspected some uterine complication, but a digital examination revealed nothing abnormal. During the whole time there was never any pain or soreness about the uterine or ovarian regions or in the back. Finally, after several days of anxiety and hard study, I wrote to Dr. J. T. Kent, stating the case as above. As soon as the mails could return a reply I received the following:

"I send you four powders of Sulphuric acid 3m. Give one dose dry on the tongue and await results. If the symptoms do not change after the one powder, dissolve a powder in a half glass of water and give a spoonful every two hours."

As the patient lived ten miles in the country I did not visit her for twenty-four hours after sending her the medicine. I found but very little change. I then dissolved a second powder as directed, with instructions to cease giving as soon as improvement commenced. On my visit the next day I found the patient much improved and although still some retching and vomiting it now came at intervals instead of being constant. The patient continued to improve, having less and less trouble for about two weeks, when the husband reported that while his

wife was able to be up, yet she still vomited some, especially at night. Thinking that the remedy had exhausted its action I sent a third powder of Sulphuric acid 3m., but the report this time was that she was not improving but was becoming worse. On visiting her and noting the symptoms I found the following :

Ptyalism, constant spitting, though not nearly so profuse as formerly.

Pain in stomach after drinking; trembling sensation in pit of stomach, which she compared to the trembling of a spiral spring in the back portion of some clocks.

Pulsations in pit of stomach, worse lying down, better by pressure.

Decided aggravation from fruits and acids.

Natrum mur. cm., one dose, completed this most persistent and difficult case and the lady now enjoys good health.

Neither of the four remedies given in the first instance cured the case though each ameliorated, because neither corresponded to the *totality* of the symptoms, though corresponding to several of the individual symptoms. I failed to give Sulphuric acid because in no repertory in my possession is Sulphuric acid included in the list of remedies for the symptom, "Cough with retching and vomiting," which goes to emphasize the crying need of a *complete* repertory of *all* the symptoms of the materia medica. Had it not been for Dr. Kent's skill and kindness, serious results would probably have ensued.

CURES BY DR. KUNKEL, OF KIEL.

A. M'NEIL, M.D., SAN FRANCISCO, CAL.

[Translated from Allg. Hom. Zeit.]

A lady of forty-five years of age has suffered from cough which is constantly increasing in intensity. It occurs especially at night and is occasioned by a constant tickling in the throat. This cough continues the greater part of the night and allows her but little rest. Sputa not profuse, tough, and consisting of transparent mucus. She endeavors to avoid the recumbent position because it makes her uncomfortable and she feels badly thereby.

February 12th.—Jodium 6th cent., six globules in a small

cup of water, a teaspoonful every three hours.

Feb. 14th.—I again visited my patient. She had coughed the first night for two hours, the second not at all, and felt much more vigorous.

For one who is very well versed in *materia medica* this case will not convey any information. I give it for the benefit of those Homœopaths who will thankfully accept an increase of their armory against "bronchial catarrh." In the beginning of my career "bronchial catarrh" gave me much trouble and I conclude, therefore, that others are as I was. But not only on these grounds have I reported this case, but for another reason.

Bœnninghausen says in his "Hooping Cough" that Iodine is less frequently indicated inasmuch as it is a favorite remedy of the Allopaths. This is only partially right, or more probably not at all. On the one hand the abuse of Iodine often indicates that remedy in a "dynamic dose," and we will not unfrequently find it indicated in the laryngeal catarrhs of old people who had formerly taken Iodine, when the extremely tormenting cough at night deprives them of sleep. And, on the other hand, we may administer it with the prospect of a favorable result when it could not be borne because given in too large doses. In such cases the higher potencies are not indispensable—we may often succeed with it in from the 6th to the 30th, if it is indicated.

For the benefit of my younger colleagues I add some of the characteristics of other cough remedies *as far as I myself have proven them at the bedside.*

I purposely avoid the unmeaning word "catarrh," because it means nothing. The cough which is at first purely spasmodic may afterwards be the manifestation of a "catarrh," i. e., an autopsy would reveal a "catarrh" and thereby the *pathological* signification of it be overturned; and as for therapeutics, the term is of not the least significance.

Of course the same may be said of the word "inflammation." I am now treating a woman who was attacked six weeks ago with pains in the left side of the face and head. According to what she says, during the first weeks, heavy pressure revealed no trace of sensitiveness; it was a "pure neurosis"; now the periosteum of the left jaw is swollen and extremely sensitive.

The fact that the same cause which in one person produces

a neurosis, in another an "inflammation," satisfactorily shows on how weak a foundation the anatomico-ontological views of our opponents rests.

I hope my readers will pardon this digression which I made because beginners may be tempted to base Homœopathic therapeutics on the *products* of disease according to the pathologico-anatomical views which they learned in the university; and the more this is done the less satisfactory will be the results obtained, and the more will the confidence of the physician thus practicing be shaken. To obtain true success there is but one way—the study of the *materia medica*.

After this digression I return to Jodium and add other indications for it.

JODIUM.

The Iodine patient is but little annoyed by the cough during the day and usually still less in the cool, open air. Warm air, whether indoors or out is disagreeable to him (Puls.). Aggravation of the cough when lying in bed, and more particularly when lying on his back. His face is a dirty-pale color, skin dry, swelling of the glands, pains in the stomach often very violent, canine hunger, violent thirst, coryza, palpitation of the heart, sensitiveness of the larynx, cold sweat of the hands, often extreme emaciation, etc.

Permit me to add brief characteristics of some other remedies for cough which I have confirmed in my own practice.

PHOSPHORUS.

This remedy like Iodine has close relations to the larynx and not less to the pleura, lungs and heart. Sensitiveness of the larynx, hoarseness even to aphonia (the latter at times appearing suddenly). Cough is often tormenting, hollow, with expectoration of tough, greenish, sweet or salt-tasting sputa. In the pleura flying stitches, sometimes in one place, sometimes in another (Sepia, Sulphur, Pulsatilla and Belladonna), the pains often preponderate in the neighborhood of the heart; palpitation, spitting blood (bright-red). The patient cannot tolerate lying on the left side or with the head low; the pains in the chest sometimes compel him to sit up (Ars.). Disposition to diarrhœa, green stools, hæmorrhoids, night-sweat during sleep, vertigo, mist before the eyes, sleepiness in the day-time. Extreme fearfulness, anxiety during a thunder-storm. Aggravation

before and during wind; before midnight; when laughing and talking. Phosphorus is well followed by Kali carb.

KALI CARB.

This remedy has aggravation after midnight. Weather has no influence except sensitiveness to cold air (and to a draught of air). It has the same relation as Phosphorus to the larynx, pleura and heart. The pains are especially stitching, while with Phosphorus they are stitching and burning. The cough comes in paroxysms which continue one or two hours with few intermissions, and occur particularly at night from 2 to 3 A. M., and also in the morning on awaking. The patient's face is bloated throughout or above the eyelids like a sack (while with Phosphorus this bloating or œdema is below the eyes), particularly in the morning on awaking and often disappearing during the day (Sulph.). With the Kali the patient prefers lying on his back, while with Phosphorus this, and more particularly lying on the left side, is intolerable. Constipation, usually with large stools. With Phosphorus, most usually diarrhoea and seldom constipation. This drug has important relations to the kidneys through which the œdema of the face is caused. In Bright's disease, and often in scarlet fever, this is one of the best remedies (C. W. Wolff). Dryness of the mouth at night (Conium and other drugs) and chapping of the lips is no unimportant symptom. It is evident that Kali carb, as well as Phosphorus, plays no inconsiderable part in phthisis. It is well known that they follow each other well. And moreover, it is one of the most important remedies during and after labor, and after scarlet fever and measles, particularly in lung and kidney diseases.

DROSERA.

Still another laryngeal remedy is Drosera. It also has aggravation after midnight, but also immediately after lying down. It also has œdema of the face, but as appears more in consequence of the violent attacks of coughing. Therefore it also has suggillations of the face, epistaxis with the paroxysms of cough. The attacks are more frequently repeated than those of Kali carb. which usually only has one long-continued paroxysm. Attacks of choking, vomiting, slimy cold sweat on the forehead (Veratrum, Cina, Staphisagria and others) are not unimportant concomitants.

HYOSCYAMUS.

This remedy also has aggravation after midnight and also

when lying down, so that patients, for example children with whooping-cough, always sit up. The cough is often extremely tormenting, usually dry and accompanied by congestions to the head, and even with blueness of the face, bleeding of the nose, distortion of the eyes, even convulsions (in children), difficult swallowing of fluids, etc.

ARSENICUM.

Also cough worse after midnight and usually dry. Scanty expectoration which gives momentary relief. Lying down, particularly on the back, aggravates. The patient must sit up in bed. The cough often alleviates asthmatic attacks if present, i. e., they are harder to relieve if there is no cough. Accompanying the cough are: whistling breathing, thirst, must drink often and but little at a time, anguish particularly when alone, anxious dreams, cold sweat. Wind, especially the east (in Germany a cold wind) aggravates.

SEPIA.

One of our many-sided remedies, very often useful in rheumatism of the joints, pleurisy, neurosis, and it often does good service in certain forms of cough (except whooping-cough, in which it only rarely is indicated). The cough which it has, has nothing characteristic in itself, occurs especially in the morning on awaking and in the forenoon, much less frequent in the evening. The concomitants are: pale, yellow, often bloated, face, stitching pains in the liver, dyspnoea, feeling of emptiness in the chest or pit of the stomach, stitching pains in or below the shoulder-blades (Kali carb.), chilliness, particularly a feeling of coldness in the back, profuse sweats spontaneously at night and produced by and continuing after motion. Lying on the left side cannot be borne (Phosphorus). Aggravation when at rest, particularly when sitting (stiffness of the limbs when rising up), in sultry air *before* a thunder-storm, in fog and during east wind.

CARBO VEG.

Carbo veg. is one of our best laryngeal remedies, and a principal one in hoarseness from laryngeal catarrh. That it has been so little mentioned as a remedy in diphtheria is surprising to me. Eight or nine years ago it did good work as the epidemic remedy, and that too in the 30th potency. Last autumn it cured four of five cases which had already invaded the larynx and in the fatal case I was called in the last stage of the disease.

The child died in eight hours after I saw it. I gave the remedy in the 3d to the 6th potencies. In one of the cases three children had already died of the disease in the family. In all of the cases the extraordinarily bad smell from the mouth was characteristic and was different from that indicating *Mercurius*. The odor was more sour and the *fæces* were very stinking.

RHUS TOX.

This is also another remedy for diphtheria which also is seldom or never mentioned. I have not rarely used it successfully, and also only two weeks ago. As is well known it is more particularly indicated in long-continued cold. Hoarseness very often attends the cough. The aggravation comes mostly before midnight and in wet weather, but also without it, when cold is caught by getting wet through or by a draught of air. The pains in the limbs and loins, the lame feeling in the legs, the physical restlessness (mental, *Arsenicum*), constant tossing about, stretching the legs, urging to urinate in which lifting the bedclothes to do so is intolerable, the nightly aggravation, thirst at night, indicate *Rhus*. [I have cured several cases in the last three years with *Rhus*, it and *Bryonia* being the epidemic remedies.]—MCNEIL. The concomitants are: frequent gastric phenomena, bad taste, thickly coated tongue, eructations, flatulence, repugnance to fat food. In chronic hoarseness of singers *Carbo veg.* also does good service.

SABADILLA.

Sabadilla is an important remedy for affections of the larynx. It is more rarely administered than those I have already mentioned, but accomplishes much in cases which have lasted a long time. Its aggravation comes particularly in the forenoon, and yet also at night. Hoarseness, pains in the larynx when swallowing, sensation of a ball in the throat, aggravation in and during east wind, and also when inspiring cold air, serve to indicate this remedy.

ANTIMONIUM TART.

Cough in consequence of bronchitis and pleurisy, and also without any inflammatory affections, appearing as a pure neurosis. Rattling of mucus without any expectoration to mention, must lie with his head high. Sleepiness in the day-time, aggravation at night, particularly before midnight, cold sweat on the forehead, gastric affections with vomiting of mucus, characterize the remedy.

Standing closely related to this, as far as affections of the air-passages are concerned, is

STASNUM.

Also with this remedy there is a profuse secretion of mucus with the difference that it is easily removed by coughing, with a peculiar feeling of weakness in the chest. Speaking is difficult, must breathe deeply, if he succeeds in inspiring deeply is relieved, but frequently he does not succeed. The profuse expectoration has a repugnant, sweetish, and sometimes a putrid taste. The patient is compelled to lie on his back because he cannot tolerate lying on his sides (Conium, Bryonia, Kali carb., and others). It is indicated mostly in chronic cases.

CONIUM.

This remedy often acts extremely well in the tormenting night-coughs of old people; this cough is usually dry, only after coughing a long time is there a little expectoration. Also with this drug, lying on the back is intolerable, and also standing long. Sleep when not disturbed by coughing is full of dreams and unrefreshing, mouth dry at night, tongue stiff, mental depression, face either yellowish or bluish. Cold air and a snowy atmosphere disagree. A characteristic is the urine, which is sometimes clear as water, and sometimes dark and cloudy, and often deposits a gray sediment.

ARGENTUM NIT.

Argentum nit. 30x, one dose, once cured immediately for me an extremely tormenting cough, which always set in at the same time precisely, if I am not mistaken it was at 10:30 P. M., and without expectoration.

SULPHUR.

Finally, I must mention Sulphur. This remedy not only cured many coughs and asthmas, but removed the disposition to contract colds and thereby to cough. Often this susceptibility is the only symptom of psora present, there being none of the other symptoms, such as eruptions, glandular swellings, etc., but instead, a coryza, perhaps as soon as the wind blew on him, or an habitual sore throat, or a pneumonia occurs frequently. The cough is immediately aggravated after becoming warm in a feather bed. To children these beds are intolerable. They do not rest until they are lying on the bed coverings. He has cold feet in warm summer weather, or alternating with them a cough

with sweat; aggravation of the general condition in moist air, fog, etc. Sulphur is one of our best remedies for the remnants of inflammation of the lungs, cough, respiratory complaints, shortness of breath, *whether or not there is any material residuum discoverable.*

NATRUM MUR.

Natrum mur. deserves mention. Rademacher describes a cough which is dry, appears in extremely violent paroxysms with intervals between of several hours entirely free, which he called a spleen cough and which he treated successfully with Aqua Glandium. A cough which appears to be exactly the same is cured by Natrum mur. It seldom comes at night, repeatedly in the daytime, and he is usually well morning and evening. The affected persons may be anæmic, plethoric or indifferent. Depressed frame of mind, disposition to weep, tears flow if sympathized with, weak memory, thirst, sleepiness in the daytime (all three of these symptoms abate towards evening). Palpitation of the heart, particularly when moving, with heart's impulse increased, irregular and intermittent pulse (also every third beat). Pains in the left hypochondrium when moving, running or riding, paralytic-like weakness of the legs, pains in the joints, inability to perform labor with his hands, knitting being of all things the most difficult, horripilations, cold drawing in the back (Sepia and other drugs). Pains in the loins, obstinate constipation. Usually, aggravation of all complaints in the forenoon. All symptoms change much. This does not include the fever characteristics. According to Grauvogl, Natrum sulph. is complementary to Thuja in sycotic diseases. The same is true of Natrum mur. I have often given it with good results in alternation with Thuja.

It is evident that that there are a number of cough remedies which I have not mentioned. I have only introduced those which I have most frequently employed in the treatment of the sick.

CONSTIPATION.

Louise K., eleven years and nine months old, suffered from early childhood from constipation. Stools often bloody, sometimes like sheep-laurel berries, sometimes caking together, too large. *Her general condition, mental and physical, very changable.* Thirst, *sleepiness* in the daytime, *stitches in the spleen.*

I gave, Sept. 20, 1886, Natrum mur. 10, six doses, one every week, in the evening.

Nov. 17.—At first improvement in every direction. Now the feces are foul, disposition again very changable; *desire for the open air, in which she looks much better, in the room she is pale.* Alumina 10, six doses, one every week in the evening.

May 2, 1887, I first heard from her. Until recently her condition was normal in every way, now the old symptoms have returned and in addition: tearing in the teeth, sometimes on the right side, sometimes on the left, and ineffectual urging to stool. Alumina 10, as before.

Since then I have heard nothing. but as she belongs to a family which I have treated for years she is doubtless well.

Mr. E., master harness-maker, thirty-five years old, hard drinker, consulted me March 3, 1886. He has recently returned from China. While at sea he did not feel his old vice, but since then he has been drunk twice a week, as he appeared helpless to resist. His bodily health is very much impaired; he suffers from diarrhœa, the stools are *putrid, very strong-smelling* (not like feces at all), tongue coated thick but taste normal; *pain on empty swallowing*, less when eating, *flatulent complaints, sleepiness, particularly in the afternoon, sleep restless after midnight*, being disturbed every little while. *He must lie with the head high* (the higher the better). *Thirst for cold drinks, drinking but little at a time.* Urine cloudy, with burning in the urethra during its discharge. When at work longing for spirituous liquors, particularly strong ones. Gave Arsenicum 10, six doses, a powder every week in the evening.

The desire for spirits entirely gone, but a diarrhœa day and night, with cutting in the abdomen before stool, Loss of appetite, much thirst for water. The coffee he drinks in the morning is vomited, that which comes up is sour. A draught is very unpleasant. Sleeps well, with his hands over his head. Calcarea carb. 10, a dose every week in the evening.

I have not learned the result. I report the case on account of the brilliant action of Arsenicum. It is without doubt that the gastric symptoms remaining were the result of the abuse of alcohol.

DYSPEPSIA.

W., painter, sixty-six years old, formerly suffered repeatedly from intermittent fever, but for years has been troubled by a

severe dyspnoea, which is aggravated in the evening *after lying down*. At night there is much rattling of mucus, *he must lie with his head high*. Aggravation during *east wind* (a cold wind in Germany). A slight movement causes an extremely tormenting cough with a difficult expectoration of scanty mucus. Frequent palpitation of the heart.

Oct. 17, 1881, he received Arsenicum 10, a powder every seventh evening.

Nov. 26th.—He is improved, increased mucous expectoration, rattling of mucus at night. Being of opinion that with the higher dose the result should be better, I ordered Arsenicum 3d cent., a drop morning and evening, which I repeated February 16, 1882, with the order that even if the slightest remnant of the disease remained that he should return. As he did not I concluded that the disease was fully removed.

M., in the twenties, consulted me Oct. 22, 1881. During the summer he had during the hay-making season repeatedly drank cold water while overheated, and to this he ascribed his trouble.

He complains of *contracting* pains in the pit of the stomach, particularly when the stomach was empty. *After eating the pains are entirely removed* for a couple of hours, then they return. Lately the pains returned also at night and more recently *beginning at 12 o'clock*. *Many anxious dreams*. *He cannot tolerate lying with the head low*. Arsenicum 10, every week two globules.

December 2d.—Until the last two days, when the pains returned, he has been entirely free, and otherwise he was well. I gave him a couple of the same powders.

April 27th of the following year he returned with the same complaints. And in addition, shortness of breathing in the daytime while moving, and at night while lying down. I gave him the same medicine and the same directions, telling him to return when the six powders were taken if not cured, but he did not come back.

CHRONIC METRITIS.

Frau F., 39 years old, mother of three children, well formed, has always been well. Has been complaining for six months of pains in the left side of the abdomen. She has emaciated considerably. *Out of humor, always sad, better in the open air yet very sensitive to cold and wind*. *Breath smells badly*. Coitus is

painful and afterwards blood passes. Examination shows that *the uterus is very sensitive, enlarged, and almost immovable.*

Sept. 3, 1884.—Gave Aurum fol. 3, morning and evening a dose.

October 25th.—Feels “fine.” Her disposition had improved after a couple of days. The breath only occasionally smells at present, uterus less sensitive, more movable.

Aurum fol. 3, a dose each day for two days, then one day’s intermission.

Jan. 21, 1885.—Continued improvement but still pain during coitus and afterwards blood. Profuse leucorrhœa both before and after menses. A considerable increase of flesh and strength.

May 12th.—She returns after a long absence. “Circumstances” had prevented her from continuing the treatment. But her condition had continued to improve. No bleeding after coition (which had been indulged in spite of remonstrances).

I gave her Aurum fol. 2. After it was used she did not continue treatment, as she felt herself entirely well, the sensitiveness of the uterus gone and the normal mobility returned.

As in so many other cases, so in chronic metritis, the riches of our materia medica stands in striking contrast to the poverty of the old school. It is well known that Simon has found Aurum mur. nat. very efficacious in uterine complaints, and he has published the results in a brochure. But it appears that the professors, notwithstanding all of their poverty, have ignored his recommendation. Whether or not Simon was indebted to Homœopathy for that remedy, which it has long used as is well known, I leave undecided. At all events, it appeared to be his principal weapon, while we possess remedies in Sepia, Conium, Magnesia mur., Platina, Kali, Belladonna, etc., etc., which are not inferior to Aurum.

[TO BE CONTINUED.]

“HOMŒOPATHY is the ‘Star of Bethlehem’ of medical science to-day. But there are grander and nobler achievements obtainable in the healing of the sick than the majority of us secure. The highest and best success can only be reached by a strict observance of the law, and our failures are, in the majority of cases, to be attributed to non-compliance with its demands. The genuine follower of Hahnemann has no need for Morphine and the hypodermic syringe.”—L. L. Helt, M.D.

POISONING BY RHUS VERNIX.

E. F. BECKWITH, M.D., MUIR, MICH.

Sept. 3, 1887.—Mrs. T. Williams, medium height, sandy hair, and light complexion, thirty-two years old, weight 130 pounds, and is seemingly in good health.

Her left breast is affected by a growth which she fears is carcinomatous, a sister having died of a so-called cancer.

Six years ago, when nursing her last child, she first noticed this "lump," then about the size of a large hazle-nut; was painful to the touch and "moved back and forth" in the breast when the baby nursed. It has been growing slowly ever since and now is a mass of rather dense tissue occupying nearly one-half of the substance of the gland; is centrally located; not nodulated nor firmly attached to either thorax or skin; but is in some way connected with the nipple which moves when the growth is palpated. The neighboring glands are not enlarged or indurated.

SYMPTOMS.

Breast.—Terrible lancinating pains through left breast, worse for three days before menstruating.

Burning in left breast and left side of body.

Sometimes feel as though there were a thousand small needles sticking left breast.

Aggravated.—

1. By moving left arm forward and across the body.
2. By pressure.
3. Just before and during menstruation.
4. At night and when lying down.

Ameliorated.—

By motion; continuous work relieves bad feelings.

Skin.—Rash-like pimples make their appearance under the skin just before menstruating, especially on head, face, back and hands. Burns, but not just like the burning in breast and side.

Prickling, tingling and crawling sensation in left arm and left side.

Rash makes its appearance also if I take cold.

Head.—Dizzy when first getting up out of bed.

Headache, feels as though the brain were squeezed, worse when stooping.

Eyes.—Eyes ache; feel as though something were pressing on them.

Eyes feel as though there was sand in them.

Flashes of light before the eyes.

Eyes blear, especially at night, cannot read by lamplight.

Ears.—Until two years ago had earache very frequently.

Hammering or throbbing deep in the inside ear after dark; have not had it much for the last year or two.

Nose.—Soreness in the inside of the nose coming on a few days before menstruating and lasting for three or four days thereafter.

Mouth and Throat.—Hot water runs out of mouth when lying down, with sickness at the stomach; worse at night. Slimy, nasty, putrid taste in mouth.

Feeling as though there were hairs in my throat *way back*; this feeling lasts for several days at a time.

Difficulty in swallowing solid food, throat feels as though it were drawn up.

Stomach.—Sudden vomiting when at the table eating.

Pressure in the stomach after eating, and I can pound lightly on stomach and throw up any meal.

Pressure in pit of stomach.

Sharp stabbing pain in the stomach.

Creeping or crawling sensation in the stomach.

Stomach feels bad in the evening.

Cannot retain pork on stomach, it will make me vomit in a minute.

Abdomen.—Hard beating or throbbing a little lower down than the pit of the stomach.

Swelling of the abdomen in the morning, have to rub the swelling down with my hand before I can button my clothing.

Generative Organs.—Every month she has a dull, heavy pain in the left ovarian region.

Hard, labor-like pains for one day before the menses.

Soreness of vagina during menses.

Menstrual discharge regular, rather scanty in amount and always light pink in color.

Limbs.—Numbness and lameness of left arm, side and leg.

Weakness of forearm and fingers, which are cold.

Swelling of the feet, especially at night, sensitive to the touch.

Pain from left breast extends into left arm.

Streaks of pain run down left leg.

When hand becomes numb and goes to sleep, it feels as though it was puffed up.

When I sit or lie down, left hand and arm become numb.

Generalities.—Have rheumatism before a storm but at no other time.

Family is of a scrofulous diathesis.

Cannot lie on left side without being short of breath.

Feeling of coldness when moving.

Sensation as though the blood was hot and rushing along through the vessels.

Breast must be supported; when it hangs down it aches badly.

Have frequent attacks of ague.

Sleep.—Do not rest well until after midnight on account of nausea and pressure in the stomach and chest that prevent sleep. Restless sleep, tossing around.

Starting, just when falling asleep.

Bad dreams which impress her much the next day.

Aggravations.—At night; when lying down; just before and during the menstrual period; by taking cold; from heating blood by overwork.

Ameliorations.—By moving about, work relieves bad feelings.

FURTHER HISTORY.

Had measles when seventeen years old; eruption was driven back by repeatedly washing my face in very cold water. I was waiting table at the time and did not want my face to look red. Went to bed and was sick for six weeks.

During this sickness did the eruption come out and remain for any length of time? No, Sir. It came out two or three times for an hour or so, and would then go back, and those same measles trouble me yet.

Did you ever have your monthly rash before you had the measles? No, Sir. I never had this rash until after I was poisoned with sumach, which was twelve years ago last January. The wood was burned in the stove, it being mistaken for some other kind of wood. I worked over the stove that day and as a result my face, eyes and hands were affected; I was poisoned terribly and could not see for four or five days.

What treatment was then used? Sugar of lead and butter-milk.

Any internal treatment? None.

Was the wood cut in a swamp? Yes, Sir.

How large in diameter was the wood? After I was poisoned they examined the wood, it was from two to four times as big around as a broom handle. Father said it was swamp sumach.

REMARKS.

From this description the sumach must have been the *Rhus vernix*. Mrs. Williams' three children have all been born since she was poisoned. The first two are apparently healthy and robust, but the youngest, being the same she was nursing when she first noticed trouble with her breast, is a thin, scrawny, cachectic boy.

GLONOINE IN TUBAL NEPHRITIS.

W. J. HARRIS, M.D., ST. LOUIS, MO.

I desire to call the attention of your readers to the use of Glonoine in tubal nephritis.

My attention was first called to the use of this remedy in the above affection in the year 1880, by Dr. Jackson of Tottenham, England. Since then I have used it in a number of cases *always* with benefit. In every case there has been present: fever, dropsical effusion, albuminous urine and tube casts. The first potency has been used; have not tried any other. We have a case at the Good Samaritan Hospital now under treatment. The patient has been a "hard drinker." He was placed under this remedy one week ago (March 24th), and yesterday Dr. W. J. Burleigh, the attending physician, reported a decided improvement.

In the March number of the Clinical Reporter, a case is reported by Dr. L. C. M'Elwell at the St. Louis Children's Hospital. After giving a history of the case the Doctor concludes as follows: "Dr. Harris suggested Glonoine, as its use had met with success in London. Acting on his suggestion Glonoine 1x, one drop every three hours, was given. The albumen disappeared in a few weeks. Not a trace of it could be detected by either the Nitric acid or heat tests, nor both combined, while the microscope revealed no tube casts. Up to Jan. 23, 1888, when she left the hospital, the benefit seemed to be permanent."

I sincerely hope that with further use of this remedy that 'dreaded malady' Bright's disease," may lose some of its terrors.

One patient was: "Much exhausted by walking in the sun; the hot sun always brings intense headache." Another had: "Numbness in the arms and hands alternating with intense tingling." I have not aimed to give the symptoms, or an extended account of the cases. Simply to call the attention of the profession to a clinical fact, that discussion or further observation may bring to light the truth.

[We want facts like this and from intelligent observers. There is no doubt however that Glonoine may cure patients suffering from Bright's disease, provided the totality of the symptoms correspond. But we must fit our remedy to the symptoms presented by the patient, not prescribe for the disease.]—ED.

ACUTE INFECTIOUS PHLEGMON OF THE PHARYNX.

DR. MAX P. BARUCH.

Translated by S. Lillenthal, M.D., from *Berlin Klin. Wochenschr.* 13, 88.

Dr. Baruch narrates the following case with treatment:

A shoemaker of fifty-eight years had, except a pneumonia, usually enjoyed tolerably good health. A few days after the convalescence of his son from an erysipelas faciei et capitis, he felt not quite well, and on October 24th he awoke from a noon nap with a severe chill and difficult deglutition and extreme dyspnoea. The following day Baruch found all the symptoms of a far advanced laryngeal stenosis: livid cyanosis, sawing breathing, total aphonia, inspiratory dyspnoea, descending larynx, drawing in of the scrobiculus, the auxiliary respiratory muscles in full action, cold extremities. Patient was out of bed and sitting bent forward, fixed his arms on a bench. The mucous membrane of the fauces was rather pale, not swollen, largely supplied with dilated veins, nowhere a coating or a defect of the mucous membrane, no intumescence of the cervical glands. Lateral pressure on the larynx caused pain. Epiglottis and vocal cords were œdematous, glassy; temperature in axilla 38.6, pulse 120, small and weak. Over all the valves of the heart slight blowing systolic (senile) murmurs; lungs normal;

the scanty urine contained largely phosphates, neither albumin nor sugar.

Tracheotomy was immediately performed ; no hæmorrhage in trachea and no chloroform used. After introduction of the canula respiration became free and cyanosis disappeared entirely after a few days. Whereas, October 25th, the skin surrounding the opening became doughy, temperature remained normal, but the pulse small and frequent. Oct. 26th, another chill, temperature above 40 and an erysipelatous dermatitis set in, spreading to the lower jaw, the lateral neck and chest. A moderate quantity of laudable pus was discharged through the canula. Antipyrine reduced the temperature. October 27th, Luer's double canula was removed and the single one of Boser introduced. Patient, who from the very start, was nourished with strong wines and other suitable fluid food, felt well enough to leave his bed, though deglutition was still painful and the pulse about 112. November 2d he could not resist the temptation to partake of bullion in which bread was soaked, and he had hardly taken a tablespoonful, when he fell back dead on his pillow. Called in immediately, Baruch could convince himself that none of the bread had entered the trachea and the sudden death could only be explained by an insufficiency of the cardiac muscle, a supposition supported by the weakness and smallness of the pulse throughout the disease.

The case has to us, as Homœopathic physicians, a great interest, for it proves again and again, that our remedies might have acted far better than that fashionable routine business of giving Antipyrine for every elevation of temperature. We have only praise for the successful tracheotomy and the following sustaining treatment. In extremes, the life of our patient is our cardinal duty and we must not forfeit the valuable moments, though we might feel assured of having the simillimum for the case at our fingers' ends. Life must be saved at every hazard, and then the mild dynamics will do the remainder.

Let us recapitulate the chief symptoms: high-graded cyanosis, sawing respiration, total aphonia, inspiratory dyspnœa, descension of larynx, drawing in of scrobiculus, auxiliary respiratory muscles in full action, cool extremities; mucous membrane pale with dilated veins, no membrane; epiglottis and vocal cords œdematous; pulse small, weak. Operation fol-

lowed by erysipelas radiating from wound. What remedies cover this totality?

Cyanosis.—Acon., Amm. carb., Angust., Arn., *Ars.*, Aur., *Bell.*, Bism., Bry., Camph., Con., *Cup.*, *Dig.*, *Lach.*, Merc., Nat. mur., Nux, *Op.*, Phos., Rhus, Samb., Sec.; Sil., Spong., *Verat.*

Sawing Respiration.—Acon., *Bell.*, Brom., Cham., Chin., Dros., Hepar, Iod., Kali bich., Phos., Samb., Sang., Spong., Tart. em.

Aphonia.—Ant. crud., Baryt., *Bell.*, Can. sat., Carbo veg., Caust., Dros., Eup. purp., Hepar, Kali carb., *Lach.*, Merc., Merc. cor., Nat. mur., Niccol., Phos., Plat., Puls., Rhus, Spong., Sulph., *Verat.*

Inspiration Difficult.—*Actea*, *Apis*, Arn., Cann., Chlorine, Iod., Sulph.

Mucous membrane of fauces pale, no redness. !!!

Œdema of affected parts (narrowing space).—*Lach.*, Mez., Trifol. !!!

Our mind reverted to three remedies when I read the case, to Carbo veg. even before tracheotomy was made and not to prevent it, for it is strictly indicated, and then I would study up Lachesis or Apis. I find in my notes under Carbo veg.: bluish color of face or pale; pulse small, intermittent; difficult whistling breathing; no cough or rare muffled cough; weak feeling in chest; a semi-comatose state or great anxiousness and restlessness; old people.

Lachesis: Patient sleeps into the attack; œdematous form of laryngitis; feeling of lump in throat, causing sensation of suffocation.

Apis mel: Œdematous swelling of the submucous cellular tissue of the larynx, with painful, suffocative cough and extreme dyspnoea; salivation; œdema of skin; rapid, painful and spasmodic respiration; worse by lying down and by warmth, better after bringing up some transparent, frothy or bloody mucus.

Aided by tracheotomy and good sustaining fluid nourishment the patient ought to have had a chance to recover, for he was only fifty-nine, if only years was the only criterion for old age, for we find Carbo veg. underlined among our remedies for weak heart, Lachesis has atheroma and Apis the sensation as if he could never breathe again, erysipelas, etc., etc.

To those of our revered colleagues who consider our materia medica high perfect and improvement hardly possible, I would

beg to give us a repertory of objective symptoms. Here I found two which I could not discover in Bœnninghausen, Clotar Mueller, Lippe, or in Allen's Encyclopædia. Certainly there are cases enough, just look at our infants, where subjective symptoms are nearly impossible. How often are we misled by the description by adults of their ailments, and they consider many a symptom unimportant which to the physician would be his guiding star to a cure. We do want an improved materia medica, for what we can see with our eyes and what we hear with our ears, must be of some importance. I, for one, do not want a solitary subjective symptom removed (condensation is possible by removing repetition, Allen's ten volumes would then hardly make five), but rather have added to it all the objective symptoms of provers. This was impossible in Hahnemann's time and no blame can be attached to the dear old man and his early disciples, *tempora mutantur, et nos mutantur in illis*. Every remedy must be reproven in order to get at the objective symptoms, and we need not fear that this is a fatal error nor a departure from the law. Objective and subjective symptoms make up the totality, the subjective alone are only a part of a whole. Keep the ball rolling so that our materia medica may become perfect.

Comment and Criticism.

OBSTRUCTIONS OF THE LACHRYMAL CANALS.

EDITOR ADVANCE: I have just read "A Criticism," by Dr. J. M. Selfridge on Dr. H. C. French's treatment of obstructions of the lachrymal canals, in March number. It calls to mind a couple of cases of this nature which applied to me for relief, and in which I did not resort to the knife or probe, but, like a bungler that I am, commenced feeling about and found that in one case (which had existed five or six years and had abscessed several times, close up to the eye,) that the patient could not sleep with his feet covered on account of the burning; the heat was so great he would thrust them out of bed. I was green then, and had read less than now, so I gave him Sulphur 30, two

doses twenty-four hours apart, and a drachm vial of blank globules and allowed him to depart, which he did with an incredulous smile. The smile hurt my vanity, but the fee of one dollar consoled me considerably.

In three days it showed signs of suppurating again, but it did not, and gradually subsided. In ten days after this the eye ceased weeping and remains good yet, now ten years ago.

The other case had existed over a year, the tears running over the lid all the time. In this case there was a dry scaly inflammation about the ear and side of the head extending up into the hair. Here I bungled again, and gave *Calcarea 30*, two doses twenty-four hours apart and *Sac. lac.* In about a month the eye ceased to weep, the skin trouble disappeared and he still remains well, over six years since.

Now I hope none of these scientific fellows will puncture my vanity with their criticisms because I failed to give the pathology of these troubles. I confess in advance, I cannot do it. This is my first attempt to write for any journal, and I would feel badly if someone with a sharp pen and sharper wit should pierce me through and let my pride escape. I admit that I enjoy a keen criticism so long as it is directed against a brother practitioner instead of myself.

NATHAN CASH.

UHRICHSVILLE, Ohio.

CLINICAL CONFIRMATIONS.

M. W. VANDENBURG, M.D., FORT EDWARD, N. Y.

It would hardly be too much to assert that the greatest present need of our *materia medica* is *confirmatory provings* upon the sick. Who that turns over the abundant pages at our disposal does not often feel the urgency of knowing just what symptoms or group of symptoms can be depended upon almost to a certainty, and what are of less value.

We have good provings of many drugs on the healthy, now for the undeniable curative results upon the sick in consonance with the provings. Hundreds and thousands even of homœopathic practitioners are witnessing these every day. It is only at the bedside, and in a *large number* of congruous cases, the most

trustworthy confirmations can be obtained. The evidence need not come from a Carroll Dunham nor a Hering or Lippe; S. Jones, M.D., or John Smith, M.D., can furnish just as good material. The standard is in the hands of every man, let him select his measure by the symptoms of his case beside it, then report the whole thing honestly, an "unvarnished tale." Each man, among those who read, possesses the identical standard. He also can judge of the fitness of the selection. He too can mark off or mark on his standard the results. When a large majority of trials of the standard we have are favorable, we can with a large degree of certainty say, that symptom is a *true one*.

All the provings we have were made by men and women who included fallibility among their list of attributes. Many of them did not distinguish skillfully enough between symptoms arising from the drug and those of personal origin. Were our entire materia medica to be cut down to symptoms that had been made to appear in at least two provers, there would be a very great shrinkage. Should it be necessary that at least three independent provers must exhibit a given symptom before it could be placed on the record, that record would look small beside the one now considered official. [Until three provers exactly alike in features, temperament, habits of life, etc., etc., can be found, it will be difficult to obtain the same symptoms from three independent provers.]—ED. Volunteer provers are not abundant at the present time; the muster is, to be frank, very small, and the exhortations in this direction remind one of Josh Billings' patriotism in the late war. He was willing that all his wife's male relations should enlist, if it was necessary for the preservation of the Union. Will not the great body of practitioners make use of the columns of our journals to increase the common weal. Any man, among the thousands, who can report a case clearly, concisely, honestly and completely, and give remedy or remedies, potency, dose and repetition, can furnish the needed data.

Just now our strength should be expended largely in this direction. In a multitude of counsel there is safety (sometimes), says an eminent writer, and this is one of the times. We have a few books at our command that have attempted this, and none are perfect. Hering's Guiding Symptoms is the best, but it is not incapable of improvement. Men and brethren,

put shoulder to the wheel! now is the time to do good service to the whole profession. The journals stand ready on all sides to publish reliable, clear clinical cases. Defeats are almost as good as successes, for they weed out the unreliable symptoms, [or unreliable prescribers?]*—ED.* Don't be afraid to tell us of some of your failures; we shall then be able to do better ourselves. Point out clearly the grounds of success, but above all, present an unvarnished tale if you desire to do anything of benefit for the rest of us. Don't mingle error and incorrect statement with *materia medica pura*.

[We requested Dr. VanDenburg to practice what he preaches; to show us, if he knows a better method than Hahnemann's, how it is to be done, and he furnishes the following cases.]*—ED.*

CASE I.—Irish servant girl, age 17, tall, slender, muscular, sandy complexion, moderately strong health.

March 6, 1888.—Sore on inner side right forefinger, near the hand; kept her from sleeping nearly all last night; this morning there was a small pimple with a little yellowish serum; when opened it gave no relief. Saw her while calling on the family about 9 A. M. Inner side of finger pink-red to first joint; slight "fester" in the middle of redness; tenderness all around even to outer side. "Feels as if a sharp needle were pricking in it," with throbbing and aching.

Hepar sul. 30, one-half grain powder every half-hour. At 3 P. M., when making another call, the finger about the same, not quite so sore. Continue the Hepar.

March 7th, 9 A. M.—"Finger is all right," it shows the "fester" dried down and only the faintest redness about it; not tender on pressure.

Symptom on which prescription was based: "Pricking pains like splinter or fish-bone."

"Useful in whitlow."

This would I think have resulted in that form of whitlow whose basis is not on a large tendon, a form that occurs less frequently than the one on the palmar surface.

Hepar is said to act in high potency to prevent suppuration; in low, to hasten its maturity.

[We see no reason for repeating Hepar every half hour for twenty-four hours. Jahr says its "duration of action is eight weeks," and Hahnemann especially enjoins us not to repeat or

in any way to interfere with the action of the first dose until a change is called for by a change of symptoms.]—ED.

CASE II.—Mrs. La N., age 41; French Canadian, stout, strong, moderately vigorous, lost a child several months since. Incident on watching, anxiety and weeping, her eyes, which were large and prominent, became very much inflamed. Photophobia; eyes burned, the tears ran freely, not acrid or burning, the entire conjunctiva red, bloodvessels prominent; much worse from heat of stove, less so from rubbing and from cold water; transient relief from bathing in warm water, from keeping out of strong light. Cold air has a negative effect.

Arsenicum 3 was given, with temporary amelioration. Later Allium cepa 2, and later tincture, with only temporary relief.

Euphrasia 3, Arsenicum 3 again was given four times a day, in a careless way, because other cases pressed.

The symptoms were plainly all the time Arsenicum symptom. At last the edges of the lids became bluish and the whole eye looked bluish in the inflamed parts. This emphasized what should have been known before.

Arsenicum gives: Sensitive to light; photophobia.

Violent burning in the eyes, with profuse acrid lachrymation.

Edges of lids painful during motion, as if dry and rubbing on the ball.

Burning in margins of lids; conjunctiva bluish-red, with swollen lids; inner surface brilliant red.

Better in cool open air and from warm applications. Worse in warm room: from heat; at night, especially after midnight.

The final symptoms were (from notes at the time):

Chronic conjunctivitis.

Lids inflamed along the edges; buish-red; very red on inner side, not much swollen.

Conjunctiva of eyeball, red, inflamed.

Lachrymation profuse; burning, present most of the time; not acrid to surrounding parts.

Aggravated greatly by heat of stove, or hot room; by cold water most of the time, though not always; during the evening and in the morning; not bad middle of the day nor middle of the night (probably because she was a good sleeper). Not worse from cold air; relieved for a short time from washing in warm water.

Arsenicum 200, a disk each night and morning. In two days began to improve and have constantly grown better. Now have not caused trouble for two weeks. Cure took about three weeks.

[The prescriber fails to tell us why he changed to Cepa or Euphrasia, after temporary amelioration. He should either have *waited* for the action of his remedy to develop, or if he repeated the dose should have changed the potency of Arsenicum as he did eventually. We think these cases clearly demonstrate that our provings are neither defective nor the symptoms too numerous, but rather that as Homœopaths we have not mastered the philosophy of our science, have not taken the practical lessons we might have taken from that book of books, the *Organon*, and consequently have failed to achieve the success almost within our grasp because we do not know how to use our weapons. If the symptoms of our materia medica were sifted, boiled down, verified and re-verified to please the most fastidious objector—if we had but one hundred remedies to use and every symptom verified one hundred times, both in proving and in practice—if we used them as we now do we would meet with many, many unnecessary failures. Is it not our duty to learn how to use the weapons we have, ere we ask for more, even if the pattern be improved?]
—ED.

WHAT I KNOW ABOUT NOSODES.

“What I know about Nosodes” is very likely to be known if Dr. Swan publishes the answers he receives to the following:

“AXIOM: The effect of a poison, is a proving.”

Dear Doctor: Please controvert or assent to the above, and oblige

Faternally,

SAMUEL SWAN, M.D.

IS HOMŒOPATHY PROGRESSING?

Upon one occasion a few years since I said, “Some of our colleges are sending out graduates who say they do not believe in ‘pathies,” “they treat their patients as they please,” etc., and for that speech some who profess to be Homœopathists gave me

their "cold shoulder." Now these graduates appear before the world as Homœopaths, and people who employ them do so because they believe in Homœopathy. But do they always get what they call for? Sometimes no doubt they do. Recently a graduate from one of our colleges gave me a recipe which a teacher of *Materia Medica* in said college gave him, while a student, for one of his children suffering from a cough, and it was given to the child. Here is a copy of said prescription:

Syrup of Ipecac,	
Syrup of Scilla, aa.	$\frac{2}{3}$ j.
Syrup of Wild Cherry,	$\frac{2}{3}$ iv.

Dose, teaspoonful two or three times during the night.

What would have been the condition of our school now if our colleges had taught such Homœopathy thirty-five years ago, or even twenty years ago? Who can tell? I dare not guess.

ANOTHER CASE.

A patient who was suffering from eczema, had been under the care of a Professor in a Homœopathic college, and at each visit the Professor would give him a box of ointment that would last the patient four days. At one visit the Professor was short of ointment so gave a prescription to get filled at a drug store. As his bill had amounted to thirty-four dollars, he kept the formula and bought his own ointment. The prescription was Tannic acid and Vaseline, I have forgotten the proportions. The patient thought he had not improved.

SPRINGFIELD, Mass.

A. M. CUSHING.

THANK YOU!

EDITOR ADVANCE: Allow me, as a woman, to return you my heartiest thanks. For what? In ADVANCE, February, 1887, I find, on page 195, "we do not like the word 'female.'" For this, I thank you. Why men, gentlemen, even women themselves will use that word, I cannot understand. To me it seems too severely suggestive of our animal nature. I am only a young practitioner and my name is of no importance, but I subscribe myself

Yours,

GRATEFULLY.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

THE HAHNEMANNIAN ASSOCIATIONS.—For years we have contended that the difference in the practice of the two wings of which the Homœopathic school is composed, is not now, and never has been, a question of potency at all. It is a question of selection—one of far more vital import than potency. In fact, potency—or, as it is commonly called, "high" and "low dilutions"—has little if anything to do with it. Hahnemann made good cures with the lower potencies and even with the tinctures, and good cures may be made with any potency, provided the simillimum be properly selected and *properly used* after being selected; but neither potency nor tincture in any form or any dose, can *force a cure* or atone for an imperfect selection. If the cure work could be done by guessing and dosing, Allopathy would long since have reached the goal. To assume that one is a "high" and another a "low" potency man is to take it for granted that both select the remedy in the same way, which is far from the fact. This assumes that there is only one way of selecting the remedy—the homœopathic—and that all Homœopaths use the same process, which is a "fatal error" and the sooner we see it, and the sooner we correct it, the better for our school and for our patients.

* * *

THAT there is a broad difference in the method of applying the law as practiced by the professed followers of Hahnemann, we do not deny; but we do deny that the difference is in the

potency used. Here are the two therapeutic methods as we see them to-day:

Symptomatology,	Pathology,
Individualization,	Generalization,
Treating the patient,	Treating the disease,
The single remedy,	Polypharmacy.

Advocated and practiced respectively by such men as:

Hahnemann,	Hempel,
Hering,	Henderson,
Dunham,	Dudgeon,
Farrington,	Hughes,
Guernsey,	Hale.

and it is in the following of these men and their respective methods of selecting the remedy, not in the potency used, that the differences in practice exist. It is the inductive method of Hahnemann *vs.* the deductive method of Hempel, Hughes & Co. The men forming these Associations, having honestly and diligently tried the pathological methods of the latter and found them wanting in the hour of trial, are now just as honestly intent on learning a better way, the method of Hahnemann and Dunham.

* * *

In the Hahnemannian for March a correspondent asks: "What is true Homœopathy? Where is the book that teaches it?" and in the April number Dr. Fornias answers these questions and says:

I accord honesty of purpose to both high and low dilutionists. I know good cures have been effected by low remedies. I know, too, that the most wonderful results have been obtained by the high potencies. But I cannot admit Hughes' Pharmacodynamics to be a work of any practical value to any one desiring to study Homœopathy. It is a book written in elegant, forcible English, well adapted to inveigle or induce our old-school friends to look into the subject, but wanting in those finer shades of drug phenomena which time and again have made us masters of the situation. It contains information well to know, but I pity the Homœopathist who goes to the sick-chamber provided only with the limited knowledge of symptomatology which can be obtained from this book.

We candidly endorse the foregoing, for we have "been through the mill." We have honestly attempted to practice Homœopathy, guided in the selection of the remedy by the works of

Hempel, Hughes and Hale, and have discarded them as unreliable and disappointing; and we are not alone in our estimate of their value. If Dr. Hughes' work is so untrustworthy in the hands of so able a prescriber as Dr. Fornias, what must be the effect on "our old-school friends" who are inveigled or induced to examine Homœopathy by it, and who have nothing else to rely on at the bedside? It teaches how to practice Allopathy with homœopathic remedies. Nothing more. The prescriber is taught to guess both at the pathology of the disease and the pathological action of the remedy, but he can never make an accurate Homœopathic prescription if he follows its teaching. Is it to be wondered at that "our old-school friends" are often disappointed?

* * *

WHAT is true Homœopathy? Where is the book that teaches it?

In many works may be found the symptoms of our proven remedies: Hahnemann's *Materia Medica Pura* and *Chronic Diseases*; Hering's *Condensed Materia* and *Guiding Symptoms*; *Lectures on Materia Medica* by Dunham and Farrington; and the *Encyclopædia* by Allen. But having the record of our proven drugs, the two most difficult and perplexing problems yet remain, viz., How to find the *simillimum*, and how to use it after finding? And one is as essential to success as the other, as the best selected remedy often fails from being improperly given. Perhaps there never was a time in the history of our school when *materia medica* was so well or so generally understood, or when its practical application was so little understood. The philosophy of Homœopathy as taught in the *Organon* has been sadly neglected by both teacher and practitioner. Hahnemann's *Organon* is the great text-book of "true Homœopathy." This teaches not only how to select the remedy but how to proceed after having made your first prescription, and in this often lies the secret of success. Let us illustrate. The success of Captain Carver as a rifle shot on the wing, is world-renowned. Suppose one of our M.D.'s takes the same rifle, same weight of powder and ball, and try his hand on a bird at thirty yards' rise. Carver will bring down nine out of every ten, perhaps more. How many will our amateur stop? Not many, although the conditions are precisely the same; the

skill, the philosophy of application alone being wanting. And the same may be said of the Homœopathic prescriber. The same remedies, in the same potencies are open to all, and we have no doubt that all are equally honest in their attempts to use them. But a few have studied the philosophy of Homœopathy as taught by Hahnemann; the majority already know more than Hahnemann and consider the *Organon* beneath their notice. They say it is not "up to the times" in pathology, bacteria and other modern delusions, and the natural result is that the book which teaches "true Homœopathy" is rarely read, much less *studied*. Many new remedies, it is true, have been added to the *materia medica* since Hahnemann's time; but the principles—the philosophy governing their application—are the same yesterday, to-day, and forever, and to master these you must master the *Organon*. Chemical affinity is the same to-day that it was in the time of Humphrey Davy. Its principles are based on natural law and do not change with every new discovery. But ere you can become an expert chemist you must master the primary rules. Some Homœopaths, on the contrary, are desirous of practicing the art ere they have studied the principles, the fundamental rules, and when they fail "the law is defective," or "the *materia medica* needs revising."

* * *

IN view of the fact that very few of our colleges make any provision for the teaching of the Philosophy of Homœopathy, we suggest that, to supply "a long felt want," a Hahnemannian Post-Graduate School be established. And here is a practical basis upon which it can be done :

A MEMORIAL TO DR. LIPPE.—A committee of ladies has undertaken the collection of a fund for the endowment of a lectureship as a memorial of the late Dr. Ad. Lippe, in connection with the Woman's Homœopathic Hospital, to be called the "Lippe Lectureship on *Materia Medica*."

This move, in connection with Dr. Kent's removal to Philadelphia, seems to be all that is required. The Women's Hospital and the clinic connected with it, will afford abundant material for illustration, and a chair of *Materia Medica* and one of Clinical Medicine will be ample for a beginning. It will not interfere with existing colleges; in fact, should receive their encouragement and co-operation.

New Publications.

A PLATE OF THE SYMPATHETIC NERVE. Drawn and colored from nature, by J. B. LEVEILLE, of Paris. This plate is accompanied by a concise description prepared by LUDOVIC HIRSCHFELD, of Paris. Published by Fowler & Wells Co., 775 Broadway, New York: Price \$5.00.

The plate is about 30x12 inches and is the best representation of the sympathetic nerve we have ever met. Framed for office use, the physician would find it very helpful for reference and very convenient when he wished to explain the various reflexes of the nervous system. The thanks of the profession are due the publishers for its excellent reproduction.

A COMPEND OF HUMAN PHYSIOLOGY—Especially adapted for the use of Medical Students. By ALBERT B. BRUBAKER, M.D., Demonstrator of Physiology in Jefferson Medical College. Fourth Edition, revised and enlarged, with illustrations and a table of Physiological Constants. Philadelphia: P. Blakiston, Son & Co. 1888.

That this admirable pocket compend has already run through three editions is a sufficient guarantee of its practical value and its immense popularity with the majority of the student world. Ten pages of matter have been added in this edition.

THE SCIENCE OF A NEW LIFE. By JOHN COWAN, M.D. Octavo; pp. 405. New York: J. S. Ogilvie & Co.

This is a popular work and one of the best of the kind we have ever seen. It discusses the relation of the sexes in marriage, with special reference to the pre-natal influence of such relations on the future welfare of the race. Its tone is pure; its philosophy sound; its influence exerted for good. The author says, page 137: "The reformation of the world can never be accomplished, the millenium of purity, chastity and happiness can never reach this earth, except through cheerful obedience to pre-natal laws." Every medical man knows the truth of this statement, and no greater good can be conferred on a young man or women than to place a copy of this book in their hands and ask for it a careful reading. Forewarned is forearmed.

RECTAL AND ANAL SURGERY. With a Description of the Secret Methods of the Itinerants. By EDMUND ANDREWS, M.D., L.L.D., and E. WYLLIS ANDREWS, A.M., M.D. With original illustrations. Octavo; pp. 111. Chicago: W. T. Keener. 1888.

This book is a poor apology for a professional work; in fact, the authors tell us in the Preface that it is written to answer two questions, viz.:

1. "What are the best methods of diagnosis and treatment of these affections known to the regular (?) profession?"
2. "What are the secret methods of the itinerants, and what is their value?"

The "best method" is that employed by each individual physician, and no amount of special pleading on the part of the authors will change this in

the least. The profession learned the "trick" from the itinerants at the same time as the authors, and that is the practice to-day, modified in every case by the individual experience of each physician. And for the same reason, we submit that No. 2 is rather late in being propounded. Every physician of average enterprise has been in possession, for a number of years, of the main facts which the book professes to disclose. There is nothing new in the work, and why it should require an A.M., an L.L.D. and two M.D.'s to ask or answer these two questions, is a mystery, unless it be that *cacoethes scribendi* which desires to see their names on the title-page of a book. Or it may be that the profession is indebted for this infliction to the success (financial) which has attended the treatment of these affections by another surgeon of Chicago. *Verbum sat Sapienti.*

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. PERKINS, M.D. Philadelphia: F. E. Boericke. Octavo, pp. 180. 1888.

This is another monograph in the right direction, the direction of a study of the *materia medica*, to a thorough knowledge of which as the author says in the preface, "There is no royal road." And he might have added, no short cut. The symptoms are given in the following order: Neck and Back; Extremities in General; Superior Extremities; Inferior Extremities; Accompaniments; Aggravation; Amelioration, and a very good Repertory. The character or value of symptoms are also designated by different kinds of type. We note the following omissions:

Gnaphalium, a remedy often called for in rheumatic affections, is not here.

Kalmia, a remedy rich in rheumatic symptoms of heart and chest, has not a symptom of the heart given.

Psorinum is cut off with eight symptoms, when it might profitably have filled a page or two with "accompaniments" alone.

Appetite with Desires and Aversions, might also profitably have been added as a rubric to every remedy.

"Sepia resembles Kali bi. and Pulsatilla in many particulars, but it is more energetic than either." The energy of a remedy depends upon its homœopathicity, and that alone, either in rheumatism or any other disease.

Yet, on the whole, much *materia medica* may be learned and many cases cured by a careful study of this book. We wish there were more of them.

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. SOUTHWICK, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine. Octavo; pp. 408; 84 illustrations. Boston: Otis Clapp & Son.

In the Preface we are given an outline of the character of this work as follows: "The author believes that uterine diseases are largely due to faults of nutrition or of vascular or nervous supply, and, like other diseases, can be effectually and permanently cured by internal medication." Noble words, fitly spoken. Would that all our gynæcological teachers taught the same, and practiced what they taught. There would be little need for the surgical armament of the modern gynæcologist, nor for the cutting and slashing, the pessary and cauterizing to which these organs are subjected, as though they were not integral parts of the living economy, not subject to laws of life

or under the influence of the nervous system. The book is designed for the general practitioner and student rather than the specialist, where they may readily find not only the detail of minor surgical gynæcology and differential diagnosis, but the therapeutics of uterine diseases as well. In the practical therapeutics the author pays too much attention to the *ipse dixit* of writers as to the value of a remedy, and there is too much treating of diseased conditions, rather than the *patient's* suffering from these diseases. It is of very little value to the physician to know that Calcareo, for instance, in the hands of Hering or Dunham, has cured chorea or epilepsy unless the indications be given on which it was prescribed. But this department, notwithstanding, is very complete and the remedies well arranged and as a rule well selected. The publishers have certainly done their part well. The mechanical execution of the book is a credit to Boston and to the school. We shall place it in our library by the side of Minton for every day reference, and we trust a goodly number of our readers will do likewise.

ALDEN'S MANIFOLD CYCLOPÆDIA OF KNOWLEDGE AND LANGUAGE. Vol. IV. BAPTISM-BILBERRY. Pp. 637; 122 Illustrations. New York: John B. Alden.

The chief merit of this work is its adaptability to practical use for the great majority; in fact, for all except those whose pursuits require exhaustive study of certain subjects. Whoever wants a Cyclopædia—and who does not?—should order a specimen volume, which the publisher says may be returned if not wanted, as the work is only sold by the publisher direct. It is well printed with large type and well bound. Cloth, 50 cents; half morocco, 65 cents. How it can be furnished for the price is one of the mysteries of book-making. Here are other works from the same house:

THE PLANETARY AND STELLAR WORLDS. By Gen. O. M. Mitchell. Pp. 183; cloth 30 cents.

This is a very entertaining course of ten lectures delivered by General Mitchell, the soldier astronomer, during his five years of struggle and labor, while founding the Cincinnati Observatory. We heartily recommend the work to our readers.

THE STORY OF THE EARTH AND MAN. By Sir J. W. DAWSON, L.L.D., Vice Chancellor of McGill University. Twenty-four full-page Illustrations. Pp. 195; cloth, 40 cents.

Dr. Dawson is known as one of the ablest of living geologists and a most attractive writer on his favorite science. Belonging to the American school of Agassiz and Dana, rather than the English of Darwin, Huxley and Tyndall, he demonstrates the value of Geology from an educational standpoint as a means of cultivating the powers of observation and developing the reasoning faculties. Here is one of the most popular works of the kind and within the reach of every professional man.

LUCILE. By OWEN MEREDITH. Ideal edition. Brevier type, 172 pages. Paper, 12 cents; cloth, 25 cents; postage 6 cents.

LOCURINE: A TRAGEDY. By ALGERNON CHARLES SWINBURNE. 12 mo, Long Primer type, fine cloth, 20 cents; postage 5 cents.

General Lew Wallace, whose "Ben Hur" has secured such wonderful popularity, is possibly not entitled to the undivided honors of its authorship; at any rate he is fortunate in having in his wife, Susan E. Wallace, a helpmeet of hardly less literary skill than himself. A volume from Mrs. Wallace's pen entitled "The Land of the Pueblos," will doubtless prove of curious interest to students of American antiquities and history. The position of General Wallace as governor of New Mexico, before becoming our Minister to Turkey, gave Mrs. Wallace the best of opportunities to study the life of to-day and also the extraordinary and curious pre-historic life of which glimpses can be seen in the many monuments of the Pueblos. The volume is to be published by John B. Alden, New York.

Mr. George Kenna tells in the May Century how he came to go to Siberia on the Century expedition. He had spent some time in Siberia already in connection with the overland telegraph scheme, and in the summer of 1884 he made a preliminary excursion to St. Petersburg and Moscow for the purpose of collecting material, and ascertaining whether or not obstacles were likely to be thrown in his way by the Russian Government. He returned in October, fully satisfied that his scheme was a practical one. He therefore sailed from New York for Liverpool in May, 1885. He says: "All my prepossessions were favorable to the Russian Government and unfavorable to the Russian Revolutionist." He adds that this "partly explains the friendly attitude toward me which was taken by the Russian Government, the permission which was given me to inspect prisons and mines, and the comparative immunity from arrest, detention, and imprisonment which I enjoyed, even when my movements and associations were such as justly to render me an object of suspicion to the local Siberian authorities."

The next volume of The Century, beginning with May, will contain a series of chapters in the Lincoln Life of great interest and importance. The subject of the Border States will be dealt with in May; and in subsequent numbers, the inside history of Fremont's relations with the president,—an astonishing letter written by Greeley to Lincoln after the battle of Bull Run; also details as to the Trent affair, Fort Donelson, the Shiloh Campaign, Yorktown, Williamsburg to Fair Oaks, etc., etc., with especial reference to Lincoln's part in these events.

The Atlantic Monthly for April is full of good things. "The First Crisis of the American Revolution" is the title of a valuable article by John Fiske, whose contributions to American Colonial History are always welcome. Frank Gaylord Cook in this number gives an account of "The Marriage Celebration in the United States," which deserves perusal, and "The Despot of Broomsedge Cove," by Charles Egbert Craddock is the most enjoyable of all the enjoyable stories written by that gifted author.

In the May number of the Atlantic Monthly the many admirers of Charles Egbert Craddock (Miss Murfee) will be delighted with the artistic progress of her serial novel, "The Despot of Broomsedge Cove." Among recent brilliant contributions to periodical literature, nothing more powerful than "Cicero in the Senate," by Harriet Waters Preston, has appeared; it is an article at once

entertaining, luminous, and instructive, and will add materially to Miss Preston's fame as an author.

Home Sanitation is the title title of a public lecture delivered in Cleveland, Ohio, by D. H. Beckwith, M.D., in which some plain truths are told in vigorous and forcible English.

The Index Medicus, published by Geo. S. Davis, of Detroit, is worthy a generous support by the profession.

Editor's Table.

Owego, N. Y. and Leraysville, Pa. are good locations for a homœopathic physician.

Drs. Youngman and Bailey have an office at 1618 Pacific Avenue, Atlantic City, N. J.

For Sale.—A few complete sets of back volumes of the MEDICAL ADVANCE, unbound.

Dr. and Mrs. C. B. Kinyon of Rock Island, Ill., celebrated their tenth anniversary of their wedding on April 24.

J. T. Kent, M.D., removes from St. Louis to 1419 Walnut St., Philadelphia, and is succeeded by W. L. Reed, M.D., Mexico, Mo.

Wm. D. Foster, M.D. of Kansas City, says of their recent state society: "We had the largest attendance and best meeting ever held in Missouri."

The Indiana Institute of Homœopathy meets at Indianapolis, May 16 and 17, and presents a bill of fare of which every Homœopath in the state should partake.

Correction.—In our April issue we located Dr. W. D. Foster at 1209 Broadway, New York. The Doctor says, "New York is too slow for him; prefers to remain in Kansas City."

E. F. Beckwith, M.D., of Muir, Mich., has been appointed physician to the State House of Correction and Reformatory. This places both the asylum and reformatory under Homœopathic treatment.

The Medical Investigator for October and November, 1887 (in one number), is received. After reading the article on page 415 "Will Homœopathy Win?" we have come to the conclusion that the editor was very busy and "copy" very scarce. It is certainly the worst specimen we have ever seen in any journal.

Walter Ward, M.D., died at Mt. Holly, N. J., March 26, 1888, in the 73d year of his age. He was born at Keene, N. H., January 7, 1816, began the study of medicine with Dr. Wm. Gallup when he was practicing allopathy, graduated at Jefferson Medical College in 1840, studied Homœopathy under Dr. Jacob Jeanes and as Professor of Physiology had the honor of signing the first diplomas issued by the Homœopathic College of Pennsylvania. He

removed to Mt. Holly in 1849 where he has since practiced. He was an accomplished gentleman and a successful physician.

American Institute of Homœopathy.—The Bureau of *Materia Medica* chose for their work this year a study of the therapeutics of *Zincum metallicum* and its salts in nervous diseases and diseases of the uterus and its appendages. They also decided to make some provings and re-provings of these drugs for the reason that while some of them are highly valued by Homœopathic physicians their combined symptomatology shows a large part to be derived from allopathic sources, cases of poisoning, etc., not reliable provings. To add to the interest and value of the discussions of this Bureau we appeal to each member of the Institute to make a note of any case in which Zinc. m. or any of its salts were indicated, the administration of the remedy and its effects, and present it during the discussion at Niagara Falls in June next. Let us all have the benefit of your individual case books.

A. R. WRIGHT, M.D.,
Chairman Bureau of *Materia Medica*.

A Memorial to Dr. Lippe.—The wish having been expressed by many of the patients of the late Dr. Ad. Lippe that they might be enabled to join in making some tribute to his memory, and that any memorial of him might take such form, that while it should perpetuate his name it might also serve to continue the study and spread the application of the healing art, of which he was so ardent an upholder and so successful a practitioner. With this object in view a plan has been proposed and a Committee of Ladies has undertaken the work of collecting a fund for the endowment of a Lectureship, in connection with the Woman's Homœopathic, Surgical, Medical and Maternity Hospital, to be called the "Lippe Lectureship on *Materia Medica*," the teaching to be in strict accordance with the system laid down by Hahnemann, as taught and practiced by Dr. Lippe. It may be added that such a lectureship will be a material aid to the hospital in which Dr. Lippe was greatly interested, and with which he was intimately connected at the time of his death. It is therefore hoped that the Committee may have placed in their hands a sum sufficient to make this a worthy memorial of one whose long life was spent in the arduous practice of the healing art. Subscriptions may be sent to the treasurer, Mr. H. W. Catherwood, 1708 Walnut Street, Phila.

PLEASE PRAY IN THE HALL.—Pishop Bedell, in the early years of his pastorate, was an inveterate smoker, and this, he says, was what cured him. I was summoned one day to administer consolation to a sensitive young lady, dying of consumption. I kneeled at her bedside and offered an earnest prayer, and after a few words of conversation took my departure. When announced at his subsequent visit, as he was entering the room the young lady said, "Please pray in the hall." Though surprised and confused he acquiesced, and finishing his prayer asked for an explanation of the strange request. She replied: "After your visit yesterday the tobacco odor was so strong that it made me sick and I did not sleep all night." He never smoked again. A hint for doctors.—S. H. Beckwith, M.D.

Medical Advance

VOL. XX.

CHICAGO, JUNE, 1888.

NO. 6.

NERVE IMPRESSION.*

J. D. BUCK, M.D., CINCINNATI, O.

The more one studies the phenomena and philosophy of nerve and brain impression, the more will he be convinced that these structures are not the seat of impression at all, but that they are themselves the result of impressions made on a substance far more sensitive than they. There are many considerations that lead up to this conclusion:

The brain and nerve cells or tissues are like other tissues, fixed forms, whether they register or transmit impressions, thus constituting memory or sensation. They stand between consciousness on the one hand, and the external physical universe on the other, and are purely passive, really originating nothing. Judged by physiological analogy nerve tissue not only shows fixed and definite forms of structure, but repeats and reproduces itself like other tissue. The real proteus is the living matter that forms the nucleus of all living cells, that is diffused through blood and lymph in colloids, and that doubtless more or less surrounds and blends with the tissues; and this substance it is that is the immediate recipient of impressions, sensitive and mobile to the last degree. This living protoplasm acts as a mirror and reflects the external world, and these pictures and impressions are conveyed to and from the centre—consciousness—by the nerve tissue. All this is proved by the phenomena of sensory and motor impulses, and by the principle of auto-

* Ohio State Society.

macy. Moreover, the impress on the protoplasm may be considered *en masse*, undifferentiated. That substance may be conceived as a living, quivering mass, catching every condition, changing constantly, vibrating to every sound-wave, to every light-wave, to every heat-wave, helpless to resist, passive, receptive, suffering, enjoying, and all these *at once*, and without quality (good or evil) or consciousness of its own; a living kaleidoscope, in short, *proteus*.

Now the interpreters of these changes of states are the nerves and nerve-centers, standing as the sponsors between the outer world that is mirrored, and the substance on which it is mirrored, and consciousness. The nerve structure differentiates and individualizes separates, analyzes, weighs and measures all these impressions to consciousness, thus bringing order out of chaos.

Let us imagine the effect of heat, light and sound-waves to be confused and blended in the protoplasmic mirror, but that in immediate connection with this mirror were an apparatus so constructed as to be specially sensitive to light, another structure so made as to be specially sensitive to sound, etc.; these structures being only portions of the original mirror, but modified in form for the above special purposes, we should thus have the organ or center of sight and hearing. All this may seem to some merely a wild theory, but a little careful study of facts and phenomena will show that it is sound philosophy, supported by sound science, and based on the facts of experience. Take now the action of waves of air on the ear and center of hearing. What is the difference physiologically and philosophically between sound and music? I answer, the difference between the vibration of the unformed protoplasm in the auditory area, and that imprisoned in the cells of the auditory apparatus. The first irregular, indefinite, confused, the other arranged to vibrate only to definite waves, and combinations of waves, according to the principles of rhythm and harmony, exact ratios and multiples, mathematically exact and definite.

What we need first, is to study carefully the fact of consciousness; second, the conditions of consciousness; third, the relations of consciousness to thought, ideas, and will, and all this is far more easy than at first appears. We shall find that thoughts are things; regular or irregular in form; definite or indefinite in shape, according to the principles of mathematics that have

to do with all shapes and motions in nature. We shall find that ideas are related to thought as cause, rather than effect, and that thought is but the approximate form or "effigy" of ideas, We shall find that will is the conscious automation of thought, confining it, arresting it, liberating it, modifying it, and as capable of cultivation as muscular power—in short, careful study in the direction indicated will enable man to begin to know himself, and only a little earnest effort in this direction will satisfy one that such knowledge really exists and is attainable.

NON-TRAUMATIC DEPRESSIONS OF THE ADULT CRANIUM.*

SOPHIA PENFIELD, M.D., DANBURY, CONN.

The following, although an isolated one, is a curious case, and as I have been unable to find any similar record in medical works, I present it to the society hoping some member may have met its parallel.

The condition of the skull of this patient, a man of seventy years, when first brought to my notice, was as follows:

Between the parietal eminence and the sagittal suture, the latter retaining its normal elevation for the width of an inch, were two large and deep depressions just opposite each other, and encroaching directly upon the convolutions of the brain, surrounding the fissures of Rolando.

Their antero-posterior diameters varied from two to two and one-half inches and their lateral diameters from one to one and one-half inches, the left one being the larger of the two, while the depth of each cavity, at its center, was slightly over a half inch. The larger of these two depressions was of such proportions that a small-sized hen's egg, split lengthwise through its center and placed with its convex surface downward and its pointed extremity backward, would neatly fill the cavity.

At the distance of one inch posteriorly to these depressions and directly within the sagittal suture was a third, occupying the place of the posterior fontanelle yet not trenching upon the occipital bone. This was of shorter diameter, ranging from one to one and one-half inches, with the depth of a quarter of an

* Connecticut Homoeopathic Medical Society.

inch and was the first to appear, being about half its present size when first discovered by his barber. He was then fifty years old. Other depressions have since appeared on the parietal bones. All these depressions have gradually increased, without softening, painlessly and with no sensation that would lead to a suspicion of degenerative processes taking place.

There has been no paralysis, no difficult locomotion. He was a good pedestrian, a man of mental ability, of active intellect and a more than ordinarily retentive memory.

When about seventy years of age his mental powers began to fail, but volition remained perfect until the end of life, which was a year and a half later and unfortunately during my absence from home, losing me thereby the benefit of an autopsy.

His history is as follows: His friends relate that during an attack of whooping cough in infancy, he dislocated his neck in one of the paroxysms. Probably from a rachitic condition a backward curvature of the cervical vertebræ resulted, causing the chin to rest upon the sternum and the head to be immovably fixed upon the shoulders so that no movement of the head occurred without a corresponding movement of the shoulders and upper portion of the body.

He grew to manhood in average health, married and supported wife and children by manual labor until over thirty years of age, when from some illness he acquired the morphine habit. After this period he labored little, although in average health, excepting morphine symptoms, such as tension about the head, gnawing at the epigastrium and constipation. A light touch, brushing over these depressions upon the vertex, caused a slight shock at the epigastrium, as if about to lose consciousness, while a heavy pressure was unnoticed.

The peculiar features of this case are:

The gradual sinking in of an adult skull, unnoticeably to the patient.

The depressions occurring in those regions of the brain recently demonstrated as centers of volition of the extremities, yet their power was in no wise impaired.

Alienists state that the convolutions of the brain about the vertex are those most commonly affected by atrophy and that *partial* atrophy has not been, hitherto, connected with any

peculiar loss of mental functions. Partial atrophy or atrophy of one side only is the usual condition, but in this case both sides were equally affected.

An atrophy of brain had possibly been brought about by prolonged use of Morphine, cutting off blood supply—as similar cases of atrophy of brain from alcoholism occur.

Instead of the usual condition of hypertrophied bone filling the cavity formed by the shrunken brain, it would seem that the bony plate of skull over the atrophied brain had settled down with the gradually receding tissues. It suggests the query, Is it a necessity to the well being of brain tissue that the skull, its natural protector, should contract as well as expand to the outlines of the convolutions of the brain?

Some lack of nutrient supply might have produced the unusual condition of depression instead of the usual one of hypertrophy of bone.

Materia Medica.

WHEN TO GIVE THE REMEDY.*

W. J. GUERNSEY, M.D., PHILADELPHIA, PA.

In the provings of our drugs a great majority have shown some periodicity of action, and it has been incontrovertibly demonstrated that a few of these will act upon the sick more powerfully if administered at about those hours. For instance, a dose of *Lycopodium* given at 4 P. M. in a disease showing no regular exacerbation at that time will benefit the case more and help quicker than if given at an "off" hour. If the science of Homœopathy is infallible this *should* be so; for as a drug demonstrates more force at particular hours it must act with greater violence then, and if upon the healthy so with the sick. If this law is true with one drug, and if the tenets of Homœopathy are universal, it must be so with all drugs, and as nearly all show some such regularity it seems reasonable that these periods should be recorded for use in all diseases (reference, of course,

* Michigan State Society.

being made to cases that will permit of a few hours delay in prescribing.)

One point should be mentioned, however, that as Hahnemann advised the administration of medicine in intermittent fever at a period before or after, but *never during*, the paroxysm, so must we give a medicine at some one of its periods of aggravation that will *not correspond to that of the disease*, or to further elucidate, the principal hours of aggravation of Nux are 11 A. M. and 6 or 7 P. M. Now if the symptoms call for Nux and the case is worse in the evening that medicine must not be administered at 6 or 7 P. M., but will probably act better if taken at the *other* period (11 A. M.) and *vice versa*.

Of course the following list is incomplete and the principal itself somewhat of a conjecture, though a plausible one, except with a few drugs; but if it strikes others as possessing merit I trust they will report verifications or failures until it is a thoroughly established fact or an exploded notion. You ask *what* symptoms *are* worse at the hours stated? I do not think it matters, for if a given medicine can produce a chill or an attack of vomiting or of asthma or what not at any *certain* hour, and do it time and again, it must have some peculiar force stored up for that particular time; and reading "between the lines" I think you will agree that its periodicity should be noted for this purpose regardless of the symptoms produced.

Three lines are given to each remedy representing respectively the valuation of the periods therein stated. "First" is supposed to be in CAPS, "Second" in *italics*, and "Third" in Roman.

Aconitum.

First. 12 to 3 a. m., night.

Second.

Third. 4 a. m.

Alumina.

First. Afternoon.

Second. 4 a. m., 6 a. m. Increase of moon.

Third. Noon, 1 p. m., 4 p. m., 5 p. m., 5 to 8 p. m., 7 p. m., 8 p. m. Change of moon. Full or new moon.

Ammonium carb.

First. Evening.

Second. 3 a. m., 3 to 4 a. m.

Third. 2 to 3 a. m. New moon.

Anacardium.

First. 4 p. m.

Second. 4 a. m.

Third. 9 to 10 p. m.

Antimonium crud.

First. Evening.

Second. Noon.

Third. 7 p. m.

Antimonium tart.

First. 3 a. m., evening.

Second. 6 p. m.

Third. 2 a. m., 3 a. m., 6 to 8 p. m.

Apis.

First. 3 p. m., 3 to 4 p. m., 4 p. m.

Second.

Third. 5 p. m.

- Arnica.**
First. Evening, night.
Second.
Third. 4 a. m., 6 a. m.
- Arsenicum.**
First. 12 to 3 a. m., 1 a. m., 2 a. m., 1 p. m., 1 to 2 p. m., 2 p. m., night.
Second. 10 p. m.
Third. 12 to 2 a. m., 1 to 2 a. m., 1 to 5 a. m., 10 a. m., 10 to 11 a. m., noon, 3 p. m., 3 to 6 p. m., 4 p. m. to morning, 4 p. m., 5 p. m., 6 p. m., 7 p. m., 8 p. m., 9 p. m., night, after midnight. New moon.
- Belladonna.**
First. Afternoon, evening.
Second. 3 p. m. to 3 a. m.
Third. Noon, 4 p. m. to 3:30 a. m., 6 p. m., 10 p. m., 11 p. m.
- Bryonia.**
First. Evening.
Second.
Third. 3 a. m., 7 p. m., 9 p. m.
- Cactus.**
First. 11 a. m., 4 p. m., 11 p. m.
Second.
Third. 10 a. m., 10:30 a. m., 1 p. m.
- Calcarea carb.**
First. Morning.
Second. 2 p. m. Full moon.
Third. 2 a. m., 3 a. m., 11 a. m., 4 p. m., 6 p. m., 6 to 7 p. m. New moon.
- Causticum.**
First. Evening. New moon.
Second.
Third. 4, 6, 6 to 8 p. m.
- China off.**
First. Night.
Second. 5 a. m., 5 p. m.
Third. 2, 3, 4 a. m.
- China sul.**
First. 3 p. m.
Second. 11 a. m., 10 p. m.
Third. 2, 10 a. m., 4 p. m.
- Colchicum.**
First. Evening, night.
Second.
Third. 10 a. m.
- Colocynth.**
First. 4 to 8 p. m.
Second.
Third. 5 p. m.
- Conium.**
First. Night.
Second.
Third. 4, 5 a. m., 3, 4, 5, 5 to 6 p. m.
- Cyclamen.**
First. Evening.
Second.
Third. Full moon.
- Dulcamara.**
First. Night.
Second. Declining moon.
Third. 3 a. m., 2 p. m.
- Eupatorium perfol.**
First. 7, 7 to 9 a. m., 8, 9 a. m.
Second. 2 p. m., noon.
Third. 10 a. m., 1, 1 to 2, 3 to 6, and 5 p. m.
- Ferrum met.**
First. Night.
Second.
Third. 2, 3, 7 a. m., 3, 8 p. m, noon, after midnight.
- Graphites.**
First. Night, full moon.
Second.
Third. 6, 7 a. m., 4, 4 to 8, 5, 6, 7, and 8 p. m.
- Helleborus.**
First.
Second.
Third. 4, 4 to 8, 5, 6, 7, 8 p. m., evening.
- Hepar s. c.**
First. 6, 7 p. m., night.
Second. 2, 6, 7 a. m., 4, 4 to 8 p. m.
Third. 2 a. m., 3 p. m., 4 p. m. to morning, 5, 6 to 7, 8 p. m.
- Kali carb.**
First. 3 a. m., 5, 6 p. m.
Second. 3 to 4 a. m., 5 a. m.
Third. 2, 2 to 4, 9 a. m., noon to 3 p. m., 11 a. m. to noon, 5 to 6 p. m.
- Lachesis.**
First. Evening.
Second. Noon, noon to 2 p. m., 1 p. m.
Third. 2 a. m., 6 p. m. to midnight, 10 p. m.
- Lycopodium.**
First. 4, 4 to 8, 7 p. m, afternoon, evening.
Second.
Third. 3 to 4, 4, 8, 9 a. m., 3, 3 to 4, 6 p. m., 6 p. m to morning, before midnight, new moon.
- Magnesia carb.**
First. Evening, night.
Second.
Third. 2, 3, 9, 10 a. m., 1 to 10, 5, 7, 8, 9, 10 p. m.

- Magnesia mur.**
First. Night.
Second.
Third. 1, 3 a.m., 4, 4 to 8, 6, 7, 8 p.m.
- Mercurius vir.**
First. Night.
Second.
Third. 2, 3 a.m., 10 a.m. to 2 p.m., 1 p.m., noon.
- Natrum mur.**
First. 9 to 11, 10, 10 to 11, 11 a.m., morning.
Second. 5 a.m.
Third. 2, 3, 4, 6, 7, 7 to 9, 8 a.m., 1 to 2, 4, 4 to 7, 5, 5 to 8, 6, 7, 8 to 11, 10 p.m., full moon.
- Nitric acid.**
First. Evening, night.
Second.
Third. 4 a.m.
- Nux vomica.**
First. 11 a.m., 6, 7 p.m., morning.
Second. 6, 7 a.m., 4, 5 p.m., 6 p.m. till morning, noon.
Third. 3, 4, 10 to 11 a.m., 6 to 7, 8, 9 p.m., afternoon till midnight.
- Phosphorus.**
First. Morning, evening.
Second.
Third. 2 a.m., 1, 5 to 6, 6, 7 p.m., noon.
- Podophyllum.**
First. 7 a.m.
Second. 4, 7 to 9 a.m.
Third. 3, 5 to 9, 8 a.m., 10 p.m.
- Pulsatilla.**
First. 1, 2, 4 a.m., afternoon, evening.
Second.
Third. 1, 2, 8, 11 a.m., 4 p.m. till a.m., 5 to 10 p.m., 6 p.m., before midnight.
- Rhus tox.**
First. 7 p.m., morning.
Second. 10, 11 a.m., 5, 6, 8 p.m.
Third. 3, 6 to 10, 10 a.m., 6 p.m. till a.m., after midnight.
- Sabadilla.**
First. Forenoon.
Second. 4 to 8 p.m.
Third. 3, 5, 9 to 10 p.m., before midnight, full and new moon.
- Sepia.**
First. Forenoon, evening.
Second. 11 a.m., new moon.
Third. 3, 4 to 9, 5, 9, 10 a.m., 4, 5, 6 p.m.
- Silicea.**
First. Night, new moon.
Second. 6 p.m., noon, full moon.
Third. 1, 2, 3, 4, 5, 6, 7, 8 to 9, 10, 11 a.m., 10 a.m. to 3 p.m., 1, 2, 3, 3 to 5, 4, 5, 7, 8, 11 p.m., noon to 1 p.m., changes of moon.
- Sulphur.**
First. Full moon, decreasing moon.
Second. 7, 8 p.m.
Third. 8, 9, 10, 10 to 12, 11 a.m., 10 a.m. to 3 p.m., 1, 2, 3, 5, 5 to 6, 5 to 8, 6, 9, 11 p.m., noon, midnight.
- Thuja.**
First. 3 a.m., 5 p.m., evening.
Second.
Third. 3 to 4, 10, 10 to 11, 11 a.m., 3 p.m. to 3 a.m., 5 to 6, 7, 7:30 p.m., after midnight, new moon.
- Zincum.**
First. Evening.
Second. Noon.
Third. 3 p.m. till evening.

COLOCYNTH.*

A. F. RANDALL, M.D., PORT HURON, MICH.

It is said that the proper study of mankind is Man; in no less degree is the study of *Materia Medica* pre-eminently the essential study of the homœopathic physician. One may be an indifferent diagnostician, or not thoroughly grounded in pathology, but he must be acquainted with symptomatology if he is to be successful in healing the sick.

* Michigan State Society.

And yet I fear that our brethren of this Homœopathic Medical Society of the State of Michigan have in great degree lost sight of this indisputable fact. I can discern, I think, in our published Transactions more of a desire to present a finished and scholarly essay (such as we can all read in our text-books at home), than to add to our stock of practical knowledge. Surely each member to whom is assigned the duty of preparing a paper ought to feel a special pride in evolving one that shall do honor to the cause which he represents.

Such a paper should have two characteristic features:

First.—A new fact, or a well-defined verification of a known fact.

Second.—Brevity.

Life is too short, and our duties too urgent, to wade through an interminable mass of useless verbiage. Am sorry that I cannot illustrate my ideas by a more instructive paper, but I had short notice that I was wanted to do the work which properly belonged to another.

A COLOCYNTH SYMPTOM.

In the Homœopathic Physician for August, 1886, Dr. E. W. Berridge directs attention to what he calls "an important omission from Allen's Encyclopædia of a symptom experienced by a prover—Dr. Caroline LeBeau: *At 4 p. m. the colic came on, six days in succession.*" Having had a case which in a remarkable manner verified this four-o'clock aggravation, I communicated it to the columns of the Physician as follows:

Mrs. R., while calling upon a neighbor found an infant in terrible agony with the colic. She learned that it had been thus afflicted for three months; that the doctor had done his best; they had tried all the suggestions of the old ladies, everything had signally failed and they were firmly convinced that the child would die. Wife came to me and related the symptoms as well as she could. I sent Colocynth, which was given at six, again at seven, when the babe fell asleep, slept all night and nearly all the next day, which somewhat astonished them, but they were confident that the evil would return as soon as the "effect of the opiate wore off." Subsequently it had an occasional dose and soon became well. Afterwards I learned that the attacks occurred regularly at 4 P. M., lasting until 8. Now surely this was the most peculiar feature of the case, and a

symptom supposed to belong almost exclusively to *Lycopodium*.

I have since observed two similar cases; in one the paroxysms recurred a little later, and in the other a little earlier, if I remember correctly, and both cured by *Colocynth*. We may then with confidence place *Colocynth* with *Lycopodium* and *Helleborus* as having a characteristic four-o'clock aggravation.

TARENTULA.*

I. DEVER, M.D., CLINTON, N. Y.

When I come to think the matter over I fear I have not written you much of a paper on *Tarentula*, and that it will not be much of an addition to your *materia medica* bureau. I chose *Tarentula* from the fact that I regard it as a remedy possessing an extensive range in some forms of nervous difficulties, especially chorea when found in young girls previous to their having menstruated. I am the more inclined to send you the clinical observations from the additional reason that two years ago an able paper was presented to the State society on Chorea which made but little if any note of *Tarentula* as a remedy in this troublesome difficulty.

You will also notice that I have presented but three cases of chorea treated and cured with *Tarentula*, which I regard as quite sufficient to call out individual clinical experiences. Each case recovered previous to the menstrual flux being established—a fact in my judgment worthy of notice. The study and bedside experience with these cases was of great interest to me and may be to others, hence I have concluded to write them, in an imperfect way however, as I have no notes of them and report from memory with the exception of my day-book in which I have an account of my visits.

CASE I.—About the 5th of May, 1884, I was called to see Hattie Gooden, aged eleven years and six months. She was of a nervous sanguine temperament, slight figure, light hair and blue eyes. Her mother stated that she had been complaining for a month or six weeks, but the first symptom which had given her alarm was a jerking and twitching of the mouth and hands. She also noticed that her child could not walk without dragging herself along, and that hands, arms, feet and legs had concluded

* Michigan State Society.

to go it on their own hook and kept up a general thrashing around, which continued without ceasing either day or night. Her bowels were slightly constipated; appetite poor and at times had a slight fever, but the jerking of first one muscle and then another gave her the appearance of an attempt to dance. I had her place her hand on the table with the palmar surface down, which gave the hand the appearance of a huge spider reaching out his legs to walk—first one finger would lift up and, as it were, try to step out, then another would follow suit, and so they kept up a walking motion as long as I chose to observe their action. Some years ago I read a slip in a newspaper which gave an account of an individual who had been bitten by the tarentula—this peculiar motion of the hands was mentioned. I regarded it a key-note and prescribed *Tarentula* 200, one dose, which I did not repeat for two weeks, when I thought I could see a slight improvement. I then gave her another dose of *Tarentula* 200, with decided improvement. I treated her for two months, at the end of which time I discharged the case and she has remained a strong, healthy girl up to this time. She had not menstruated when I discharged her as cured, nevertheless that function was established without difficulty or the aid of any other medicine.

CASE II.—About June 15th, 1885, I was called to see Mary Bell Lamphier, aged twelve years and two or three month. She was of a nervo-bilious temperament, black hair and eyes; had been sick for four weeks; no appetite; no sleep, and a jerking of both hands and one leg, the left. She would protrude her tongue by jerks, which was much like that of a serpent when he chances to find an unfortunate son of Adam crossing his path. *Tarentula*, two doses, at an interval of two weeks. cured this case. I gave the remedy in the 200th, and kept watch of the case for a year, in fact up to a short time since. She also menstruated at the proper time without any medical help and is now a fine healthy young lady of more than ordinarily robust health.

CASE III.—May Smith, aged eleven years, nervo-bilious temperament, black hair and eyes. This was the worst case of chorea I ever saw. She was confined to the bed and could not bring her hand to her mouth, neither could she make her wants known except by a nod or shake of the head. She was emaci-

ated to a skeleton; her friends had no hope of her. She did not sleep and could eat but little—her head, mouth, eyes, tongue, hands and feet were on the go. She could not be kept covered in bed, only as some one of the family replaced the clothing as fast as she kicked it off. She voided her urine without notice, in the bed, which was high-colored and offensive to the attendant. She had all the symptoms in an exalted degree which I found in the two preceding cases, which decided me in favor of *Tarentula* 200. I gave one dose every month for a time. She improved in every way. Had a good appetite, and was able to go out. So well was she that she was able to go any and everywhere without the slightest difficulty. Yet she was nervous and had slight twitching of the arms, and finally a circular herpetic eruption appeared on the corner of her mouth (right side). I prescribed *Sepia*, which cured the eruption and has left the young lady comparatively healthy. She is now thirteen years old and has shown no signs of menstruating.

FOUR LEADING ANTIPSORICS.*

D. C. MC LAREN, M.D., NASHVILLE, MICH.

SULPHUR.—The writer has nothing new to offer regarding this or the following remedies he has chosen to consider at this time, but desires to emphasize the thought of the headline, viz., their position in homœopathic theory and practice as antipsorics. Many of the fraternity reject the psoric theory of Hahnemann and dislike the name; but all, or most of these, recognize the fact of diseases being suppressed by improper external medication, the further fact of such diseases remaining latent in the human system for lengthy intervals, sometimes manifesting themselves by outbreaks totally removed and different from the original malady, and greatest truth of all, the certainty that many homœopathic remedies possess the invaluable power of restoring and curing the original complaint. Such remedies we call antipsorics and until a much better name is suggested, it should stand. Probably the greatest searcher after and revealer of the hidden secrets of the organism is Sulphur. When yet fresh from college the writer had a case of severe congestion of the lungs in an infant, caused by the sup-

* Michigan State Society.

pression of an eruption on the chest; a few doses of Sulphur relieved the lungs, brought back and finally cured the eruption. Soon after a troublesome case of chronic headache presented itself for treatment and no good result was obtained until the fact was ascertained that the headaches dated from an attack of facial erysipelas which had been suppressed by the orthodox allopathic "painting." Sulphur cured this case, every dose being followed by a marked flushing and redness of the face, lasting several days. Few chronic diseases are ever cured without the aid of this sovereign remedy, and its power to overcome the most stubborn acute maladies is equally great and significant. Though the provings give us something like four thousand symptoms, the keynotes are few in number, easily remembered and when found, the remedy will cure every time. Such are the following: Vertigo, falling to the left side; hunger and faintness an hour or so before dinner; cold feet all day with soles burning so at night they must be thrust out of bed; flushes of heat with faintness; marked thirst with loss of appetite; desire for liquors, drinking on the sly; ragged philosophers; dirty people; children dislike being washed even in warm water; eruptions when present itch most when getting warm in bed. With these indications single doses have frequently cured climacteric troubles, uterine displacements, acute and chronic rheumatism, inveterate scabies and a host of ills the flesh is heir to. Second only to Sulphur is

CALCAREA.—Called by Hahnemann *carbonica* and by Hering *ostrearum*. The writer would fain name it *Calcarea magna*, for a truly great remedy it is, possessing an almost unrivalled power over diseased tissue changes. Old chronic discharges, polypi and other benign growths are only to be removed by this remedy. In these features and in some of its prominent symptoms it is closely related to (and in treatment followed well by) Silicea, which however has a far less extensive range of action. It has a remarkable power over the healing process in broken bones, apparently when the nutrition of the bone is at fault. Its salient indications are: Tendency to grow fat, while at the same time the teeth are soft and decay easily; the patient sweats easily, the feet are always cold, damp and clammy, and in the female the menses are too early and too profuse, also frequently brought on by any excitement. Desire for eggs and

great thirst. Catarrh, with sore, ulcerated nostrils. Great tendency to colds in the head; always chilly, the least cold air seems to penetrate right through the patient.

LYCOPodium follows Calcarea well. It is a remedy that should always follow—never lead: In chronic cases generally *Calcarea*; in acute cases generally *Nux vomica*, sometimes *Lachesis*. Why, it is impossible to say; enough that it is the abundantly proven experience of the most successful prescribers from Hahnemann down to the present time. It has a wonderful power to effect the removal of the bad results of fevers, especially morbid tissue changes, e. g., fistulous ulcers, caries and sinuses, glandular swellings, inflammation of the bones with nocturnal pains, chronic urticaria, nævus and other blood tumors. Its range in acute cases is quite large: tonsillitis and diphtheria, typhoid pneumonia, inflammation of the liver, gall-stone colic, renal colic, peritonitis, cystitis, hematuria, ovarian tumors, ovarian and other dropsies. In all of these the disease begins on the right side and extends to the left, the aggravation occurs from 4 to 8 P. M. and the breathing is so disturbed that the nostrils have a decided fan-like motion; generally, too, the urine deposits a brick-dust sediment. With these indications the remedy has frequently removed chronic liver enlargement, old hepatizations of the lungs and many inflammatory growths.

PSORINUM is the least known and least used of all our anti-psorics, but nevertheless a very valuable therapeutic agent. It restores the sinking vitality in cases of chronic debility and removes the bad effects of typhus and typhoid fevers, only as a rule, when no organic lesions are present, thus differing notably from *Lycopodium*. It holds the same place in regard to chronic diseases that Sulphur does to acute, rousing the slumbering vitality when the properly selected remedy fails to act. Like Sulphur, it is a drug for dirty people, in whom the body has a filthy smell; its stools and ulcerous discharges are always foul. Tuberculous and scrofulous diseases following suppressed eruptions; boils, blotches and itching eruptions which bleed easily and constantly tend to suppuration. It is probably the only remedy which can remove the internal miasmatic condition upon which hay-fever depends. A strong indication for its use in chronic diseases is the profuse sweating which relieves all the complaints. Putrid discharges from the ears; raw oozing sores

on and behind the ears; pustular and herpetic eruptions of the scalp and face, frequently foul and breeding lice (also *Lycopodium*). It is a great mistake to suppose that these foul eruptions must be removed by external applications. Such removal, which too often becomes a direct suppression, only retards the ultimate cure which can only be accomplished by the use of the homœopathic remedy, both properly selected and properly administered.

BELLADONNA.—A STUDY.

BY THE FARRINGTON CLUB, PITTSBURGH, PA.

Symptomatology.

Z. T. MILLER, M.D., PITTSBURGH, PA.

One of the earliest actions of *Belladonna* is dilatation of the pupils. The mucous membranes become infected and very dry, which may go on to active inflammation, with great redness and soreness. The principal local habitat of this expression is upon the conjunctiva and throat. This action results from the influence that *Belladonna* has upon the capillary vessels through the vaso-motor nerves which seem to be paralyzed. The congestion of the whole head is also a very marked result of *Belladonna* poisoning. The feeling as described in Dunham is as if a ligature were tied about the neck impeding the return venous circulation, with a tense throbbing state of the entire head. Glandular secretions of the mouth entirely suspended.

The congested condition of head, cerebral mass and meninges produce delirium, hallucinations, mental and optical illusions, exaltations, mania, stupor, etc. The special senses, especially eye and ear, are intensely hyperæsthetic, as well as inflamed. In the voluntary muscular sphere tonic and clonic spasms are produced. Involuntary fibres are relaxed or in a state of rigidity as observe rigidity of sphincters, dilatation of the iris, palpitation of the heart and throbbing of the arteries. The organic substances are affected less profoundly.

There are no evidences of any dyscrasia.

The skin is affected as by the scarlatinal rash, the subcuta-

neous and submucous cellular tissues are inflamed as also the true skin—as erysipelas. The bladder, uterus and lining membrane of the rectum are structurally altered. The skin, mucous membranes of the mouth, fauces, genito-urinary organs and the eye; muscular system and nervous system in every branch; glands, ovaries, parotid and lymphatics; uterus and appendages; all come under its influence. The digestive organs, serous, osseous and fibrous tissues are not particularly affected.

Periodicity not marked, but cough is worse at night.

The pains gradually increase until intolerable, then suddenly decline and reappear elsewhere.

Painful spots sore on pressure, yet tolerating firm pressure, as ischia and ovary.

All symptoms attended with red face, full, hard pulse, throbbing carotids and wild delirium.

A comparison of the sensorial symptoms of Belladonna with those produced by alcohol will show such a similarity as to make it questionable whether Belladonna should be attenuated by alcohol.

In febrile actions, sudden in onslaught, characterized by congestion, redness, throbbing, little thirst, aggravation by light, noise and motion, it is indicated.

Catarrhs resulting from draughts. Cutting pain, with dryness of the mucous surfaces call for it. Anæsthesia is readily induced by the local application of the drug, and it occurs occasionally from internal use.

Its effect upon the nerves, both motor and sensory is to produce paralysis of their extremities first, and later—if the quantity be sufficient—the trunk. It excites the sympathetic nerve fibres instead of depressing, but here also, the extremities of the nerves are primarily affected. It causes inflammatory irritation of the cerebro-spinal substance. Dr. Harley concludes that the whole of the phenomena may be attributed to excessive stimulation of the nerve centers, attended by increased oxidation, or that hyperoxidation of nerve tissue, is the essential action of the poison. The senses of taste, sight and hearing are keener, the mind is more easily moved and the thoughts more active. The central motor disorders are characterized by jerking, twitching, jactitations like those of chorea. Again, the symptoms are tetaniform, in the severer forms of poisoning clonic convulsions

of an epileptic type appear. Its symptoms fit the incipency of locomotor ataxia. Hughes reports a case cured by the 1st dec. when taken in its incipency.

The forms of its cerebral disturbances bring it in rapport with the sthenic and congestive delirium of the fevers of the exanthemata, mania-a-potu. Acute maniacal delirium.

The fever induced differs considerably from that of Aconite, and Arsenic. The chill is slight and sweating is rare after the heat; the heat itself is very decided, but is seldom accompanied by thirst, nor is there the restlessness, uneasy, anxious condition especially characteristic of Aconite.

Mental Symptoms.

Z. T. MILLER, M.D., PITTSBURGH, PA.

The mental symptoms of Belladonna come after it has begun to exert its influence upon the mucous membranes, pupils, etc.; that is, the symptoms of violence that throw it into rapport with such remedies as Stramonium and Hyoscyamus. The memory is both improved and impaired. They remember things long gone by, or forgets in a moment what he is about to do.

Chelidonium forgets what he wants to do, or has done.

Belladonna is also absent-minded and forgetful. The confusion of the head is aggravated by motion. The imagination is overwrought, sees ghosts, hideous faces and various insects.

Aconite *fears* ghosts, but does not *see* them as does Belladonna.

Carbo veg. fears ghosts at night.

Pulsatilla and Ranunculus bulb. in the evening.

Ambra causes diabolical faces to crowd upon the fancy.

China sees figures and persons after closing the eyes, after depletion.

Cina sees imaginary objects, screams and trembles, evening and before midnight.

Hyoscyamus sees persons who are not in the room.

Hypericum sees spectres, spirits, etc.

Sambucus sees images when shutting the eyes, like Cinchona.

Stramonium sees ghosts, strangers and hears voices back of his ear. Converses with spirits.

Asarum is the spirit hovering in the air.

Stramonium imagines animals are jumping sidewise out of the

ground or running at him ; thought he saw a dog and whistled for him.

Valerian imagines animals are lying beside her, which she fears she may hurt.

Belladonna causes delirium, is afraid of imaginary things, sees monsters.

Cuprum is afraid of every one who approaches, shrinking from them, in delirium.

The more violent delirium of Belladonna is characterized by fits of laughter, later, gnashing of teeth ; disposed to bite and strike those around.

Stramonium talks all the time, sings, makes verses, screams, bites, bright light aggravates. Hydrophobia.

Stramonium also desires light and company.

Hyoscyamus does not bite but fears being bitten ; is averse to light in delirium tremens.

Belladonna desires to escape or hide herself.

Opium and Hyoscyamus the same, except as to hiding.

Belladonna is weary of life and wants to drown herself.

Helleborus tries to escape and throw herself into the river.

Rhus is tired of life but is afraid of death, and wants to drown himself, as does also Silica. So for the disposition to drown themselves we have the four remedies, Belladonna, Helleborus, Rhus, Silica.

Belladonna is talkative, then mute. Lachesis, Stramonium, etc.

Belladonna picks at bedclothes as if looking for something lost with confused muttering.

Hyoscyamus picks at bed-clothing with muttering.

Arnica picks without the muttering.

Helleborus picks his lips and clothes constantly.

Arum picks the lips until they bleed.

Cina pokes the finger in nostrils.

Belladonna, instead of eating, bit the wooden spoon in two, gnawed the plate, growled and barked like a dog.

Cantharis, paroxysms of rage, crying, barking and bleating, all renewed by the sight of dazzling bright objects (similar to Stramonium), when touching the larynx or trying to drink water.

Belladonna has mania that is now merry, then would spit and bite at those around. Here it stands alone as far as I know.

Belladonna is quarrelsome during exuberant mirth.
Dulcamara inclines to scold without being angry.
Belladonna starts in affright at the approach of others.
Aloe frightens at slight noise after seminal emissions.
Kali carb., if touched. Borax, Tart. em., Arnica, Cocculus,
Kali, Hydrastis, Nux, Silica, all startle at slight noises.
Belladonna is excitable and easily brought to tears.
Aconite is full of mirth, then disposed to tears.
Asarum, great weariness, then quiet and gloomy.
Belladonna is morose and serious, anxious and timorous.
Anxious and confused, fears she is about to die.
Aconite is anxious, fears approaching death and predicts the
day.
Actea fears death, thinks she is going to die.
Agnus is low-spirited with fear of approaching death.
Cactus fears death and thinks her disease is incurable.
Coffea, Gelsemium and Secale all fear death.
Kali carb. does not want to be left alone, fears she will die.
Ledum is afraid to go to sleep after nightmare, for fear she
will die.
Phytolacca is sure she will die, with fear and dread.
Alumina dreads death with thoughts of suicide.
Arsenicum dreads death when alone or on going to bed.
Lachesis dreads death and fears to go to bed.
Apis dreads death.
Belladonna is forgetful, nothing seemed right to him. Vexed
with himself.
Chamomilla, nothing pleases him.
Colchicum, surly, ill-humored, nothing satisfies him.
Colocynth, nothing seemed right to him, extremely impa-
tient, every word provokes.
Bismuth, surly and dissatisfied with his position.
Belladonna is flushed and quiet, little or no thirst, moist skin.
Aconite is flushed and restless, great thirst, dry skin.
Stramonium is flushed and bloated, violent thirst. Heat with
sweat. Covers up during the heat.
Hyoscyamus, skin burning hot, like Belladonna; no thirst or
drinks little at a time; face pale and cold, or flushed dark-red,
bloated; twitching muscles.

Head Symptoms.

J. RICKEY, HORNER, M.D.

- 1.—Stabbing as with a knife from one temple to the other.
- 2.—Headache with dizziness, aggravated by stooping.
- 3.—Rush of blood to the head, pulsation of cerebral arteries and throbbing in the interior of the head.
- 4.—Meningitis, encephalitis—first stage—throbbing carotids, hot head, flushed face, glistening eyes, sudden starting, drowsiness, boring head into pillow.
- 5.—Intense headache, aggravated by noise, motion, moving the eyes, contact or by coughing.
- 6.—Head so sensitive that least contact, even pressure of hair, gives pain.

- 1.—Stabbing as with a knife from one temple through to the other.

Arnica has a pain as if a nail were thrust into the temples.

Opium has *pressing* pains in the temples.

Kali carb has *stitching*, sticking pains.

Coffea has pain as though a nail were being driven into the parietal bone.

Ignatia has pain as though a nail were being driven *out* through the side of the head.

- 2.—Headache with dizziness worse on stooping.

Bryonia has this same vertigo with the headache and the same aggravation on stooping. But with Bryonia the patient will fall backward, while the Belladonna patient, like Colocynth and Sulphur, falls to the left.

Aconite falls to the right.

Under Bryonia the patient feels as if *his head* were turning in a circle.

Under Belladonna the *objects* appear to be revolving or swaying to and fro.

Bryonia has too the aggravation in the morning after opening the eyes. The Belladonna symptoms are aggravated in the afternoon or just after midnight.

Pulsatilla has a vertigo which is gastric in origin; there is, too, weariness and prostration; has chilliness; sensation of emptiness in the head.

3.—Rush of blood to the head; pulsation of the cerebral arteries and throbbing in the interior of the head.

Aconite, congestion is not so violent; face not so red.

Belladonna symptoms better when the patient is wrapped up in a warm room.

Glonoine, there is throbbing pulsating all over the body; there is also weakness and prostration something like the Cinchona or Phosphorus patient.

Ferrum, the patients are of a different class. Under this remedy we have to deal with the congestive headache of the anæmic patient. Always dizzy; aggravation when rising suddenly from a lying to a sitting position. Belladonna is adapted to plethoric patients. (An English physician says: "Ferrum should be given *after* instead of before meals, it acts better.")

Amyl nitrite has sense of fullness, pressure, tension, with violent throbbing headache and intense flushing of the face as if all the blood were rushing to the head.

[*Melilotus alba* has intense frontal headache, preceded by intense redness and congestion of face and head with throbbing of the carotids; relieved by epistaxis.]—Ed.

Opium has the same congestive headache, but there is a comatose condition usually present. The face has more of a dull redness.

Manganum acet. has the same but not nearly so marked as Belladonna. The face is pale and shrunken and has a suffering expression. In the female the menses are scanty, and if there is any cough accompanying it ceases when the patient lies down.

4.—Boring the head into the pillow.

Hellebore has the same symptoms, but the patient is stupefied and the body is cold.

Podophyllum, *rolls the head*; principally occurring during dentition which is difficult and accompanied with bowel symptoms.

Apis has boring head into pillow, but there is an *absence* of thirst, and the intense congestion of Belladonna will differentiate in the selection of a remedy.

- 5.—Intense headache; worse on motion, moving the eyes, coughing or on contact.

Actea racemosa and *Bryonia* have similar symptoms, but the pain is not aggravated by motion to the same extent. In *Belladonna*, every step is followed with a feeling as if something in the brain were being jolted about. This, with the general cranial and facial congestion, would differentiate.

- 6.—Head so sensitive that the least contact, even pressure of the hair, gives pain.

Aconite has sensation as if the hairs stood on end.

Mercurius has the same pain, fulness; worse on scratching, and this is followed by bleeding.

Mezereum, head painful to the slightest touch; worse after vexation.

Cinchona, scalp sensitive to touch; root of the hairs hurt when the hair is moved.

Carbo veg, head painfully sensitive to pressure, especially especially of the hat; scalp painful to touch.

Eyes.

W. J. MARTIN, M.D., PITTSBURGH, PA.

The first symptom is: Eyes protruding, staring and brilliant, pupils dilated. This symptom suggests the use of *Belladonna* in exophthalmic goitre or morbus Basedowii, and Hughes, I believe, gives it the preference over all other remedies for this condition, advising the persistent use of a low potency. I would think, however, that the staring, dilated pupils and the brilliant sparkling of the eyes, together with the violent exaggerated action of the heart, the palpitation of which is so violent that it reverberates through the head; increase in the force and frequency of the pulse and throbbing of the carotid and temporal arteries, would be the distinguishing symptoms of a case calling for *Belladonna*.

Such a case as this is in marked contrast with the *Lycopus* case. This, like *Belladonna*, has protrusion of the eyes; in *Lycopus* with a feeling of fullness and painful pressing outward; it does not have the dilated pupils nor the staring brilliancy of the eye of *Belladonna*. The heart's action too, while it is

tumultuous, is *oppressed and irregular*, not full and strong as in Belladonna. Both Lycopus and Belladonna are alike in having nothing in their recorded provings showing that they cause any enlargement of the thyroid gland.

In Spongia, however, we have the protruding staring eyes which cause the lids to stand wide open, there is enlargement of the thyroid gland with suffocative attacks at night; palpitation of the heart (but not the violent, strong, throbbing of Belladonna, with its red face, throbbing carotids and dilated pupils), with pain and gasping respiration; great uneasiness and easily frightened, especially at night.

Amyl nit. has entirely cured cases of Grave's disease by olfaction alone. The eyes are protruding, staring, and the conjunctival vessels injected, as well as those of the fundus. The especial indications for this drug are: the frequent flushes of the face and head and oppressed respiration. So much for morbus Basedowii.

The next symptom is: spasms of the eyes; the eyes are in constant motion.

Hyoscyamus has twitching of the eyes.

Agaricus has twitching of the balls, but more especially twitching of the *lids*, chorea-like spasms of the lids, often relieved for a time by bathing the eyes in cold water. There will often be found twitching in other parts of the body. Agaricus is our first remedy in blepharospasmus. The Belladonna case is sthenic; the Agaricus case is asthenic.

The next symptom we will take up is: "Conjunctiva red and tumefied. Lachrymation with great photophobia." Useful in early stage of catarrhal conjunctivitis when suddenly the eyes become intensely congested, with heat, pains and photophobia; pains sharp, shooting through the ball to the back of the head.

Conium is in marked contrast, and in superficial inflammations of the eye is a remedy of the first importance; the photophobia which is the most prominent symptom is excessive, so that it is with great difficulty that we are able to open the spasmodically closed lids, and when they are opened a profuse flow of hot tears takes place (Rhus). Upon examination of the eyes we usually find *very slight or no redness* (while Belladonna has great redness), not sufficient to account for the great photophobia, which is out of all proportion to the amount of trouble.

It appears that Conium is chiefly adapted to those cases in which the nerves are in a state of hyperæsthesia.

Belladonna has cured convulsive movements of the eyeball in the light, with terrible pains extending through the whole head; amelioration in a dark room. Also orbital neuralgias, especially of the infraorbital nerve, with red face, hot hands, etc. [Compare *Melilotus*.]—Ed.

In *Rhus*, which like Conium has profuse lachrymation upon opening the spasmodically closed lids, the difficulty is not so much due, as in Conium, to photophobia, as to inflammation and œdema of the lids; and in orbital cellulitis *Rhus* is a remedy of the first importance and will be called for oftener than any other drug, whatever may be the origin of the trouble, whether traumatic or not, as the picture of the disease corresponds very closely to the symptomatology of the drug, and experience has proven the truth of the assertion, that it is *the* remedy in the treatment of this dangerous malady. Some alarming cases of this disease, occurring in our own experience, have been promptly arrested by this drug.

[The symptomatology of the drug should correspond very closely to the diseased condition or sick patient, not the disease to the symptomatology of the drug.]—Ed.

Genital Organs.

J. H. THOMPSON, M.D., PITTSBURGH, PA.

Female Organs.—Great pressing downwards in the genitals, as if contents of abdomen would protrude through the vulva; better standing and sitting erect.

Sepia differs from *Belladonna* in having a severe pain in the uterus, and sensation of bearing down in all the pelvic organs, with strong pressure as though the contents would issue through the vulva, must cross the limbs to prevent protrusion of the parts, with oppressed breathing.

Natrum mur.—Pressing and bearing down in the genitals, has to sit down to prevent prolapsus, occurring only in the morning.

Lilium tig.—Bearing down with sensation of heavy weight and pressure in uterine region as if the whole contents would press out through the vagina; relieved by pressing against the vulva.

In Belladonna, we have a burning, pressing uneasiness and weight in the uterine region with congested face.

Under Belladonna we find acute ovaritis: right ovary much enlarged, burning, lancinating pain.

Apis has enlargement of the right ovary with pain in the left pectoral region and cough.

Conium.—We find induration of ovaries and breast, with soreness and swelling of the breast preceding menses.

Belladonna.—Menses too early and too profuse, bright-red blood or thick, decomposed, dark-red blood, the flow feeling hot to the parts.

Nux vom. differs from Belladonna in the flow being dark, as well as being too early and too profuse.

Calcarea carb.—Menses too early, last too long and too profuse.

Belladonna.—Lochia offensive, feels hot to the parts. Labor pains too weak or ceasing, spasms of the os.

Gelsemium.—Insufficient labor pains or none at all; or widely dilated, complete atony.

Caulophyllum.—Spasmodic labor pains, with rigidity of os uteri.

Male organs.—Nocturnal emissions of semen during relaxation of the penis.

Tearing upwards in left spermatic cord, evening in bed.

Belladonna.—Sexual desire decreased.

Agnus cast.—Sexual desire lessened, almost lost, with feeble erections.

A Study of Sections 36 and 46.

JNO. L. FERSON, M.D., PITTSBURGH, PA.

Belladonna has: "Muscles of the face, jaw and limbs agitated by sudden twitchings."

The symptoms of Belladonna which refer to the nervous system are due to cerebral congestion; the congestion is often secondary to other troubles, but is present.

As accompanying symptoms we may find: the hot head and cool extremities, the flushed face, congested eyes, dilated pupils, sleepiness with inability to sleep, and startings from sleep.

Ambra has also "spasms and twitchings of muscular parts";

but its symptoms are due to functional derangement of the nervous system. The congestive symptoms of Belladonna are absent; it lacks the startings from sleep of Belladonna.

- Cina has "twitchings of the limbs, even jerking and distortion of the limbs"; but Belladonna has more markedly twitching of individual muscles. Cina, in some respects, bears a strong resemblance to Belladonna; they both have, aside from the similarity mentioned, disturbances in sleep.

Belladonna "starts in affright during and from sleep."

Cina.—"Sudden distressing cries in sleep, or when falling asleep starts, screams, turns over, kicks off the bedclothes. Tossing about in sleep." Belladonna would hardly seem to have such a restless sleep as Cina.

Both remedies may develop fever as an accompaniment. Of the two, Belladonna is most likely to do so, and with the Belladonna fever there is always that pungent character to the heat which distinguishes it.

Hyoscyamus resembles Belladonna. Its symptoms are, "convulsive jerks, jerks of single muscles or sets of muscles." With Hyoscyamus these attend any degree of nervous derangement up to violent spasms, and these muscular contractions are sudden, quick and angular. With Belladonna they are more rhythmic, and I should judge more continuous. Both have the jerking of muscles, but Hyoscyamus in greater degree than Belladonna and with the latter it is more likely to develop as a symptom in less serious derangements.

Belladonna "starts in affright during and from sleep."

Hyoscyamus "starts in sleep after a fright," and "awakes with a scream"; conditions very similar.

Hyoscyamus may have further, like Belladonna, the cerebral hyperæmia with red, even purple face, red, sparkling eyes, and violent delirium.

Belladonna convulsions are as "commencing in the arms and then extending to the body which is thrown backward and forward," while with Hyoscyamus there is, purple face, projecting eyes, shrieks, grinding of the teeth, urination, with the violent, irregular, angular, muscular jerking, followed by snoring and sopor.

Ignatia is another remedy which presents "convulsive twitches." Like the other remedies considered it is more likely to

present its symptoms apart from any febrile condition. Unlike Belladonna the face is pale; with both there is twitching of individual muscles; with Ignatia those about the eyelids or mouth; with Belladonna, of the face, jaw or limbs. The Ignatia patient is likely to stiffen out, while with Belladonna the body is thrown forward and backward. With Ignatia there is frothing at the mouth.

Stramonium has "frequent twitchings, sudden jerks through the body," which differ from Belladonna in being more general, not confined to one muscle or set of muscles. Its convulsions like those of Belladonna accompany febrile conditions, and like those of Ignatia and Hyoscyamus may be caused by fright.

In epilepsy the symptoms are sudden in their onset with both remedies. With Belladonna there is foaming at the mouth, as in Ignatia, which Stramonium lacks. Also "spasm of the larynx and fauces with peculiar clutching of the throat; inability to swallow"; while with Stramonium the attack begins with screams, thrusting the head continually to the right, and after the attack is drowsy, lacking, however, the sopor of Hyoscyamus.

Sulphur has, "child jumps, starts and screams fearfully. Frequent spasmodic jerking in the whole body." As with Stramonium so with Sulphur, the twitchings of the muscles affect the whole body. There are in both, talking in sleep, sleeping with eyes half open. The fever, mental agitation, and acute symptoms accompanying when Belladonna is indicated, and the more chronic character, constitutional dyscrasia, tendency to chronic glandular involvements, the enlarged abdomen, constipation, the weak, faint feeling from 11 to 12 A. M., when Sulphur is the remedy.

"Spasm of one and paralysis of the other side." The only other remedy I can find having a one-sided spasm is Dulcamara, which has "one-sided spasm, speechless." This symptom of Belladonna is unique.

Apis has "left side motionless; now and then moves the right arm; convulsions, trembling and jerking of the limbs." This symptom presents the paralysis of one side as with Belladonna, but not the spasms of the other, and the accompanying symptoms indicate the Apis patient to be in a lower state than that of Belladonna. There are jerking of the limbs, rolling of the head, boring of the head in the pillow in both, but in the

condition under consideration the shrill, piercing cry which is characteristic of Apis, in any condition in which it may be indicated, however low the state of the patient, is likely to furnish a guide in the selection of that remedy.

Helleborus has "automatic motion of one arm in hydrocephalus," no mention is made of the other side being paralyzed, but it is motionless. Belladonna stands antipodal to both Apis and Helleborus in all such cases, being only indicated while there is cerebral hyperæmia, and not later than the beginning of exudation, after which it is no longer a possibility; but Apis or Helleborus are likely to be indicated. There is depression, even coma and stupor with Apis; but so long as it is indicated there is the characteristic cry present. Helleborus is called in when there is complete sensorial and physical depression, the patient lies like a log, except for the movement of one arm and leg. [The better way, the practical way to express this valuable symptom of Helleborus is: "One arm and leg in constant motion, the other paralyzed." Apocynum is very similar.]—ED.

Belladonna.—"Teeth clenched together so tight they could not be opened, with hot head and cold feet." "Stiffness of the whole body while working in the sun."

Cicuta has the same condition. Similar to Belladonna it comes on suddenly, involves the muscles of the lower jaw and all of the muscular system. The exciting cause with Cicuta is traumatic, some injury to the head or spinal column. Instead of redness of the face as in Belladonna, there is great paleness of the face, and coldness of the face and hands.

With Belladonna the pupils are dilated; with Cicuta they are contracted. Of course Belladonna may have a pale face, indeed, although we usually think of it in association with the flushed face, its secondary action leaves the face pale, but in such cases the history of the case will reveal the fact that it developed through the primary symptoms of the drug.

With Belladonna there may be either opisthotonus, emprosthotonus or pleurosthotonus, while Cicuta is only likely to develop opisthotonus; both have a narrowing of the fauces, inability to swallow, and foaming at the mouth. Cicuta has marked interference with respiration through involvement of the chest muscles.

With Belladonna there is an aggravation from the slightest

contact. With *Cicuta* this condition is more marked, expressed as follows: "Tonic spasm renewed from the slightest touch, from opening the door, and from loud talking."

Nux vomica presents this aggravation from noise or touch in the most intense degree, making necessary the greatest quiet. Touch, noise, or even a mild current of air striking the patient, causing a renewal of the spasms. It is entirely unlike *Belladonna* in that there are no mental derangements. In the most extreme cases the mind remains perfectly clear to the last. There are none of the objective symptoms of cerebral congestion which we find under *Belladonna*. The same narrowing of the throat occurs in both, as in *Cicuta*.

The spasms of *Belladonna* are persistent tonic, but under *Nux* they relax after a couple of minutes, to return from the exciting causes mentioned.

One symptom characteristic of *Nux* is odd, considering the marked aggravation from touch, i. e., "relief from rubbing."

Hydrocyanic acid, unlike *Nux* and more like *Belladonna* and *Cicuta*, causes tonic muscular spasms. The reflex irritability is not increased. Like *Belladonna* it involves particularly the muscles of the jaw, neck and chest, respiration is interfered with and there is foaming at the mouth. Unlike *Nux*, and like *Belladonna*, the face is flushed. Like *Cicuta* and *Belladonna* it may cause tetanic rigidity of the whole body—producing opisthotonus. From *Cicuta* it differs objectively in having flushed face, and from *Belladonna* in lessened reflex irritability.

The skin symptoms of *Belladonna* are such as to suggest a purely inflammatory origin, and it is only when there is general fever that *Belladonna* is to be considered as a remedy in any case. The smooth scarlet skin is most characteristic and as accompanying symptoms, most prominently are: "Painful sensitiveness of the skin; skin imparts a burning sensation to the examining hand." These three symptoms form a sure indication for its use. If with these there are, startings from sleep, crying out; or later "furious delirium with wild look, striking, biting or quarreling," the throbbing headache with intolerance of light and noise, the selection of the remedy is made certain.

Aconite has a fever and smooth redness of the skin which is very hot to the touch, and the mental symptoms bear some re-

semblance; as a rule, however, the skin of Aconite in such conditions is dry and harsh, while with Belladonna it is moist.

Apis has "skin very hot and red," "intensely deep red rash," "stinging, burning, prickling, smarting or itching of the skin." The heat and color are similar to Belladonna. The skin is dry or alternately moist and dry. The stinging, burning, pricking sensations in the skin are strongly suggestive of Apis. What the sensations in the skin are with Belladonna, if there are any, the symptomatology of that drug, as recorded in Hering, Farrington or Burt, does not reveal. In both drugs there is "painful sensitiveness of the skin to contact." They also strongly resemble each other in that with each there is "great inclination to sleep but cannot"; "restless sleep and sudden startings from sleep"; but Apis lacks the violence, anger and excitement of Belladonna when awaking from sleep, or at other times, instead of which there may be an irritable mood, patient being hard to please. Aside from this, with Apis there is a tendency to mental apathy; indifference. The time of aggravation of both drugs is 3 P. M. Belladonna has great thirst while in febrile conditions; Apis has none.

Stramonium has the "whole skin and conjunctivæ red, like crimson." It is indicated in cases similar to those calling for Belladonna. There is likely, as with Belladonna, to be an array of mental symptoms present, indicating functional brain involvement.

If a child, there are: "awaking from sleep terrified, knowing no one, screams with fright, clings to those near." With both there is the starting in and from sleep. With Belladonna instead of the terror of Stramonium there is violence and anger, no shrinking or fear. With Aconite fear and pusillanimity were the predominant mental characteristics, even in cases of slight illness, as shown by the symptom "afraid of a crowd or of crossing busy streets," and fear runs all through the mental symptoms of Aconite. Stramonium has this condition greatly intensified, and adds hallucinations of all sorts. Belladonna has the same mental state to some extent, as follows: "anxious and timorous, fears she is about to die. Desire to escape and hide herself." This seems less a matter of craven fear than of shrinking timidity, and this condition is not so likely to be manifested under Belladonna as the opposite one mentioned. With

Belladonna the skin is moist; with Stramonium, as with Aconite, it is dry. Both have violent thirst. Loquacity with delirium is a very marked symptom of Stramonium.

Sulphur has "bright redness of the whole body in scarlatina." Thus we see that in eruptive fevers it bears a resemblance to Belladonna; yet mentally it is not at all similar, save that it has "excitability with irritable mood, with peevishness"; rather resembling Apis with its "indifference, indisposition to everything, motion or talking." There is great thirst as with Belladonna, with Sulphur craving for beer and brandy; with Belladonna, repugnance to beer, but craving for lemonade which proves beneficial. Sulphur patient jerks and twitches during sleep, awakes with a start or scream, as with Belladonna; both have eyes half open during sleep, but Sulphur lacks the violence and vehemence of Belladonna, and the shrinking fear of Stramonium. The skin is likely to be dry with Sulphur, and the heat may come in flushes. This redness of Sulphur which is so marked as to have been compared to a boiled lobster, is different from Belladonna in that it was first red only in large patches, which grew larger and finally coalesced, while with Belladonna there was uniform redness of the surface from the beginning.

Muriatic acid is indicated in eruptive diseases where there is "intense redness all over the body," tending to a deepening of color, even becoming purple. The heart's action being weak and intermittent and there being capillary stagnation. This condition you will see is far beyond the arterial excitement which indicates Belladonna. With Muriatic acid there is great weakness; Belladonna shows vigor and strength, is violent, wakeful, with cerebral excitement; Muriatic acid is dull, drowsy, stupid. They are only similar in the intense redness of the skin; in all else they differ.

This bright scarlet skin of Belladonna may attend localized inflammatory processes, and we find recorded "intense erysipelatous fever, with inflamed swellings, passing even into gangrene." At first there is the smooth scarlet skin with great swelling; this condition, unless checked, rapidly passes into the phlegmonous form, with dark purplish color. In this latter state Lachesis, Rhus, Apis or some other remedy is more likely to be indicated, but Belladonna may still be the remedy, for under it we find, "bluish-redness of the whole surface, erysipelas even

passing into gangrene." One of the characteristic features of such inflammatory developments under Belladonna is the extreme rapidity with which it has its onset, and runs its course. The pains are sudden in their appearance and after lasting for a varying length of time disappear as suddenly as they came.

Another symptom of Belladonna which I wish to consider is "urticaria during profuse menstruation." Kali carb. has the same symptom, but it may precede as well as accompany the menses, and the latter may be "scanty, pale, premature and acrid, or premature and acrid; or premature, profuse and long-lasting," lacking the intense congestive symptoms of Belladonna, the violent bearing-down as if everything would be pressed out from the vulva. The flow, if profuse, is not so much so as with Belladonna and lacks its clotted and offensive character. Whether scanty or profuse the menstrual discharge of Kali carb. is acrid, and produces an eruption on the thighs. No other remedies are set down as having urticaria during menstruation; but Apis, Sanguinaria, Sarsaparilla and Dulcamara cause eruptions at and preceding that period. Apis has with menorrhagia an eruption of red spots which sting like bee stings. Minton mentions the menorrhagia as attending abortion, from congestion of uterus and ovaries.

Sarsaparilla has an itching eruption on the forehead with late, scanty and acrid menses, preceded by urging to urinate.

Sanguinaria has a "chronic eruption on the face of young women with menstrual troubles."

Dulcamara has "rash before the menses," Minton giving it as an "urticaria which stings, itches and burns when rubbed," and states in italics that "a rash appears on the chin" and when this rash lasts during menses there is "extraordinary sexual desire."

HE EARNED IT.—A Homœopathic physician applied for admission at the gates of paradise where he was promptly challenged by the sentinel.

St. Peter—"Are you a Homœopathic physician?"

Doctor—"I am."

St. Peter—"Where did you practice?"

Doctor—"In ——."

St. Peter—"If you practiced Homœopathy in —— and collected your own bills you have suffered enough. Pass in and rest."—S. A. Jones, M.D.

Clinical Medicine.

HEADACHES OF A DEFINITE AND PECULIAR CHARACTER.

W. IRVING THAYER, M.D., BROOKLYN, N. Y.

Dr. VanDenburg and the editor of THE ADVANCE had an interesting—dual—article in the May number on Clinical Confirmation. It is good enough to read over several times. Dr. VanDenburg pleads for the clinical confirmation of remedies. That is very valuable knowledge, being satisfactory at any rate. But is there not danger of our reasoning in the old “regular” way, that “This (these) remedies have cured that case of typhoid fever and I *guess!* it will this?”

Is there danger of our losing sight of the one great guide, Similia? Yet, let every earnest man “*send to the journals*” “*clear clinical cases.*” “Point out clearly the ground of success, but, above all, present an unvarnished tale, *if you desire to do anything to benefit the rest of us.*”

Mrs. J., aged 45, mother of four children, temperament nervo-lymphatic and of a mild and gentle disposition; a very light sleeper. Has suffered from headache at almost every menstrual period for the past thirty months and frequently, especially the last year, every two weeks. Dreams the most unreasonable dreams. Feels unrefreshed in the morning. Has been troubled with prolapsus and retroversion some six times during this period which has always been reduced in a few hours, by wearing magnetic currents over the abdominal walls. He who has never had any experience with such methods for uterine mal-positions, and consequent reflex symptoms, will be agreeably surprised at the effectiveness of so pleasant a remedy. Magnetic currents are vastly superior to any uterine supporter, in that they do away with a foreign body in the vaginal excavation, and induce the broad ligaments and the muscular tissue of the round ligaments to contract and support the organ in its proper position. When this is accomplished everything is in a physiological condition. It is normal for a womb to be held up by its own attachments and not supported by a rigid foreign body.

Headache symptoms.—Dull, heavy feeling on awaking every

morning. Some mornings are worse if she has had a night of dreaming. Head feels in the early morning strained, as if overworked; as if the brain and eyes were overworked. The severe, protracted, periodical headaches commence between 3 and 4 P. M. Before or after menstruation, frequently every two weeks.

The prominent, leading symptoms are, that the *severest* pains *always come on between 3 and 4 P. M.*, commencing by a *tearing, digging pain* in the *LEFT EYE, shooting into the LEFT TEMPLE*, and *always confined to the LEFT SIDE of the head*. *Hot waves of pain roll through the LEFT inside of the head, from the sinciput to the occiput*. Pains increase up to six o'clock when they become exceedingly violent, continuing so all night and generally for forty-eight hours.

Pains almost exclusively in the *LEFT EYE and left temple*, generally accompanied by a *tight, drawn, contracted feeling of the scalp*. Pains pass off gradually, either during sleep the second night, or about 9 A. M. of the third morning, leaving the head with a bruised feeling, having to carry head very carefully, not able to *turn the head suddenly* to the *right* or left. The whole body weak and trembling as though she had just recovered from a protracted sickness.

Accompaniments.—There are no permanent uterine complications, as possibly the reader might have imagined. Heat perhaps one degree. *PASSES DOUBLE THE QUANTITY OF URINE*. Astigmatism in the right eye. The eyes were fitted with glasses by W. S. Searl, M.D., of Brooklyn, about one year ago. Left eye, spherical +40. Right eye, spherical +36. Cylinder +36. Axis 90 degrees. The glasses at first proved to be some relief to the intense headaches.

Aggravation.—From noise and light. Going up stairs. *Any upward motion*.

Ameliorations.—To go to work doing something light, and topical applications of Menthol.

We come now to that point where Dr. VanDenburg advises: "Don't be afraid to tell of your failures," for "we shall then be able to do better ourselves!"

We will accept so wholesome advice and plead failure from beginning to Sanguinaria!

This case has been studied long, earnestly, and with full faith that there was a simillimum, if we could only "find him."

Some of the symptoms were in Arsenicum, Belladonna, Bryonia, Cimicifuga, China, Glonoine, Ignatia (which helped), Nux vom., Natrum mur. (which helped in the 6th), Pulsatilla, Sepia, —coming in terrific shocks—and Sulphur as an intercurrent remedy. These remedies were given in high and low dilutions, from tinctures to the 30th, and all without avail. Now if this isn't a picture of "failure," what is it, pray?

It is hoped that Dr. VanDenburg can learn something from this sad array of failures, but the most instruction the writer can gather from them is, that the latter "don't know much."

Sanguinaria—Johnson's Therapeutic Key does not notice the drug. Hempel: "Pains settle over the right eye." Nothing said about the left side, or left eye. "*Flashes of heat. Scanty urine at first*, later, PROFUSE FLOW OF CLEAR URINE." Pathogenesis from other sources: "Throbbing headache. BEGINNING IN THE MORNING. Worse over the right eye." In this case it was *always in the left eye*. "HEADACHE RETURNS PERIODICALLY."

In Hale's New Remedies I find: "severe pain above, *on all the left side of the head*, especially IN the EYE" (left eye, supposed).

With these few guiding drug symptoms it was determined to try Sanguinaria. Two drops of the tincture was put into half of a glass of water and a teaspoonful given. Repeated in fifteen minutes. In twenty minutes there was a terrible aggravation of all the head symptoms with the feeling of weakness running through the body. In one hour the pains were nearly gone and entirely so in the morning, fully thirty-eight hours in advance of the time when the headaches usually end.

'Tis true that "one swallow does not make a summer," and it is equally true that in this case nothing else that had ever been exhibited before brought such speedy relief. It is believed that the 30th or 200th potency will invariably control these fearful head pains—left-sided megrims in this patient—without a failure. I never—excuse so much of the personal pronoun—knew a drug to fail to cure a case perfectly, if it at any time produced an aggravation. Sanguinaria will positively cure this case!

We were led to select Sanguinaria from studying John C. King's repertory-analysis on Headaches. He says that Sanguinaria covers congestive, gastric, nervous and rheumatic headaches; do. change of life, but, note how with symptoms we could find with King!

Violent pain over the upper portion of the whole left side of the head, ESPECIALLY THE [LEFT] EYE! The attacks appear *paroxysmally, one week or longer. As if the eyes would be pressed out*; pains are *digging*, being most severe on the right side." Query. Wasn't the *side* of the head in this pathogenesis of Sanguinaria anything else than a leading symptom, characteristic? The aggravations are perfect: "from noise, light, motion"—*an upward motion*—and not "touch." Still, to look at the matter carefully, we have in Sanguinaria *nine* symptoms that were present in the patient. Now, was there any wonder that Sanguinaria caused a *fearful aggravation*, especially when the tincture was injected? Wish that I could always cover my cases with *nine* leading symptoms, though I have worked two years to do it.

SHORT AND SUCCESSFUL TREATMENT OF ERYSIPELAS.

S. LILIENTHAL, M.D., SAN FRANCISCO, CAL.

Dr. Hilsman, of Constantinople, publishes the treatment of erysipelas, done by an old woman whose reputation is well known throughout that country for her rapid success in treating it. One of the Doctor's patient's had a large abscess in the axilla, and after its antiseptic opening and antiseptic treatment, an extensive erysipelas developed, spreading over the right arm, front and back of thorax, with high fever, steadily increasing prostration and general malaise, and three weeks treatment did nothing for it. The patient went to the old woman and after three days his erysipelas was cured and he returned to the Doctor to be entirely cured of his wound. All parts attacked by erysipelas were at first covered with heavy old felt, mutton tallow spread over it and over that some oakum, a light applied till the oakum was consumed and with it the erysipelas. Patient still showed some slight burns from the spreading of the flames. In consequence thereof Hilsman cured several cases of erysipelas in a similar manner. The parts attacked by erysipelas are covered with heavy felt and then a red-hot smoothing iron applied forward and backward over the felt which heats the

affected parts and removes the erysipelas. In lymphangitis from a sting of a scorpion the inflammation disappeared after a second application.—Therap. Monatsheft, 4, 88.

A more homœopathic treatment could hardly be discovered, and as it comes from a good old woman and is verified by the old school, it ought to be applied in Homœopathic hospitals, in order that such cured cases may be published in the respective journal. We need not neglect the strictly indicated remedy, should it be necessary, but Saint Anthony's fire can be cured by fire and *similia similibus curantur* gets another feather in its cap.

[This would be treating every case of erysipelas, without reference to symptoms or individuals, with the same remedy. Some cases are intolerant of heat; it aggravates every time. Doubtful if this be either strictly a homœopathic remedy or an improvement on Hahnemann's plan.]—ED.

CLINICAL NOTES.

TRANSLATED BY H. H. CRIPPEN, M.D., SAN DIEGO, CAL.

CURE OF CHALAZION.—Though chalazion is not a serious trouble yet there are so many that are anxious to be relieved of this tumor of the eyelid, because of the disfiguration it produces, that if it can be removed by the use of internal remedies, without cutting and without scar, it is infinitely better to adopt the use of the former.

On April 27th, the wife of a minister consulted me on account of a chalazion. An Allopathic physician had previously advised her to have it cut out. I hoped the troublesome tumor could be removed without an operation and ordered Thuja 15, remarking that a cure was possible but she might have to wait a year.

On the 28th of June the patient again visited me, this time in company with her husband. They had been again assured by an Allopathic surgeon that there was no internal remedy to remove such an hardening of the eyelid and that if the tumor was not operated on the eye would soon be in danger. Concerning the opinion of my Allopathic colleague I said, that one of course could not know what one had not learned. To the comfort of the patient I could assure her that the hardness of

the tumor had undoubtedly decreased, that this was a symptom of restitution to the normal condition of the eyelid, and that she would soon be troubled no more by the disfiguring tumor. Ordered Thuja 3.

On August 12th the patient consulted me on account of toothache. The chalazion had disappeared leaving the eyelid in a perfectly normal condition.—Spiethoff, in *Leipziger Populäre Zeitschrift f. Homœopathie*.

PROMPT ACTION OF CALCAREA FLUORATA.—August 20th I was called to a woman who suffered from a large sarcoma of the upper jaw. The tumor had attained such a large size as to produce the revolting "frog-face." Since January the Allopathic physician in attendance had endeavored to produce suppuration, the only result being the creation of a single fistula, from which an evil-smelling, almost clear fluid was discharged. Without any great hopes of being able to bring about suppuration I prescribed Silicea 6. Up to September 3d no great changes occurred, then two soft elevations appeared upon the median side of the tumor. The patient had little hope that from these soft spots pus would flow; it was at this same place that the fistula already mentioned had appeared. I then left directions for her to take Calcarea fluor. 6, and a few days later the fluctuating spots opened, discharging an extraordinarily abundant flow of pus. The pus was healthy and laudable. The eye, until then much swollen, could now be opened widely. Though I could not expect a cure of the malignant tumor, I was thus able to establish the prompt action of one of our remedies in producing suppuration.—*Ibid.*

WORKING DIFFERENCE BETWEEN CENTESIMAL AND DECIMAL POTENCIES.—It has often happened to me that the same remedy, though in equal proportions as to dilution or trituration, but prepared according to both scales mentioned, has showed stronger or weaker action. In my early practice I used many of my remedies prepared after the centesimal scale, but now I have wholly discarded their use; for if the preparation of decimal potencies requires double labor to reach an equal proportion relative to centesimal potencies (as to amount of drug contained in the preparation), yet this trouble is, in my opinion, well rewarded. I wish, for this reason, that authorities on our method of cure would institute experiments and relate their

observations and opinions. The first impulse toward my view of the question was given by a patient to whom I administered some time ago *Natrum sulph.*, 3d centesimal trituration. The next time I desired to give him some powders I found accidentally that my supply of the 3d centesimal was exhausted and gave him, for that reason, some of the 6th decimal trit. It is well to remark here that all my potencies are prepared from the same crude material and with the same sugar of milk. After four days the patient returned and asked why I had changed the remedy or why I had given a stronger potency as it had produced an aggravation. Though I was sure of having given the 6th decimal, I changed again and gave him the 3d centesimal and bade him report the result to me in a couple of days. After three days he said to me: "Why was the remedy changed? The last powders are the same I have taken so long with good results." The next time he was in need of my services, I gave the 6th decimal in place of the 3d centesimal and although he could not know that I changed the potency the result was the same. Besides this I have made this test with other remedies, attaining the same result, namely: that the same remedy prepared after the decimal scale acted with greater promptness than when the centesimal was employed under wholly equal conditions. I believe that this is one of the best proofs of the law of dynamization, because it shows that through doubled trituration or succussion, wholly after the principle of Hahnemann, greater strength will be developed and remedies will become more powerful.—Juan Rosa in *Leipziger Pop. Zeitschft. f. Hom.*

NOTA BENE NUMBER TWO.

AUG. KORNDORFER, M.D., PHILADELPHIA, PA.

Don't fail to prescribe a vegetable remedy, when indicated, in any form of eczema. The indications for such drugs as *Anacardium*, *Clematis*, *Dulcamara*, *Lycopodium*, *Mezerium*, *Sarsaparilla*, are based upon symptoms laid down by Hahnemann and verified a thousand times in practice by his followers. *Rhus tox*, *Oleander*, *Viola tricolor* and *Thuja* are most valuable remedies in eczema, and if properly prescribed, i. e., according

to totality of symptoms, cannot suppress or "dry up an eczema."

Don't fail to remember that useful remedies have been added to the list of antipsorics found in the Chronic Diseases by Hahnemann.

Don't make the mistake in regard to the antipsorics and speak of, or use them as remedies against "hereditary venereal" states,—in such states we require the antisycotics and anti-syphilitics, as recommended in Chronic Diseases, vol. i.

A FEW CASES OF OTORRHŒA.

S. E. BURCHFIELD, M.D.

OTORRHŒA.—SULPHUR.

CASE I.—Warren B., aged 16, a slender, stoop-shouldered blonde. For ten years has had otorrhœa from both ears, resulting from scarlatina. No treatment tried had ever done any good. There had been a constant discharge from both ears of a *very offensive, sour-smelling* odor, so disagreeable that the stench could not be removed by washing or syringing. The boy rather avoided much water about his ears, and refused to go to church or school because conscious of his fetid perfume. He has been subject to fits of uncontrollable temper, so that his parents could have little authority over him. Three or four years ago, in handling emigrant baggage (Hungarian), Warren "caught" an obscure but very severe skin disease, since which he has been very nervous and restless in his sleep and his general health not good.

The case seemed unpromising, but having strong faith in the power of our antipsoric remedies, I undertook to treat the "boy," ears and all, on November 23, 1887.

The hearing was much impaired, being for left ear six inches and for the right one inch. Inflating the ears by means of the Pollitz bag improved the hearing in right ear to four inches. The human voice was heard with difficulty, and the boy could not hear ordinary conversational tones. Further examination revealed perforation of both tympanic membranes.

To destroy the foul smell and put my patient *en rapport* with my treatment, I gave him some impalpable powder of Boracic

acid to be placed in his ears nightly and ordered him to come twice a week for use of Pollitz bag. The history of the case with the symptoms given above, as well as other concomitant subjective symptoms not enumerated, directed my attention to that wonderful antiseptic, Sulphur, a remedy that has more than once helped me out of a bad case. Sulphur 30 was given once per day and continued for several months, the result of the treatment being exceedingly gratifying to all concerned. The discharge gradually ceased, and the boy, being now free from odors, began to feel and to act different. Improvement was noticed in his mental powers, while normal sleep and a regular appetite started his physical growth so that from a boy he has rapidly developed into a man in strength and size. At present writing (May 10, 1888,) he hears ordinary conversation without difficulty, and for the watch, hearing in left ear is normal, right ear being about eight inches. Soon after beginning the Sulphur Warren broke out in an eruption about nose, especially at alæ.

This case is narrated because it was considered incurable, and to show the effect of a potentized drug upon even such hopeless cases. I am not a specialist, but am glad to record these facts and would be pleased to put on the witness stand the patient who was almost an imbecile a few weeks ago, but now an ordinarily bright, hopeful young man.

OTORRHŒA.—SULPHUR.

CASE II.—Stephen K., a Hungarian lad, aged 9 years. Has an otorrhœa that began at three years of age in Hungary; the exact cause could not be learned but from the broken language of his people I gathered that it probably was a sequel to scarlatina. The boy is small of age, stooped, nervo-bilious type, rather inclined to florid. Discharge from both ears, *dirty, very offensive*, profuse, of a *penetrating odor*, at times causing an eruption about auricles. *Very much objects to have ears washed out.* Hearing has become very deficient, and at time of first examination (Sept. 24, 1887,) could scarcely hear the watch when pressed against ears. His speech is deficient, articulation bad, the boy conversing mostly by means of natural signs with head, hands and body. As a consequence of the dulness of hearing, his mental faculties are but little developed and his actions resembled those of a boy four or five years old more than those more peculiar to his age. Has had treatment by injections, but

because of the pain caused and his hatred of water, refused to have them applied. I had very little satisfaction in examining his ears, but found sufficient evidences of perforation of both ear drums, and that the seat of the disease was in the middle ear. The stench of the discharge was so offensive that I ordered a little fine powder of Boracic acid to be used occasionally as a disinfectant, and as the case presented so good a picture for Sulphur, the 30th potency was prescribed to be taken once every day. Under this remedy the discharge gradually ceased in a few weeks, and the boy's hearing increased so that he could hear conversation when directed to him in a high pitch. The little fellow's face soon brightened up, such a change taking place as may be seen in a person long deaf who suddenly hears a pleasant sound. The boy now began to take a great interest in his books, and actually learned the English alphabet, a feat that seemed beyond his powers before. At present the boy is growing nicely, seems happy and playful and, best of all, is free from the all-pervading odor that haunted him like a stench from the third circle of Dante's infernal regions.

OTORRHŒA.—CALCAREA.

CASE III.—The intimate relation between the ears and the teeth is a well known fact, and various aural affections, varying from a transient otalgia to an active congestion and even supuration of the middle ear have been caused by reflex irritation from the teeth. In the adult this irritation of the dental nerves does not often cause trophic changes sufficient to produce supuration, but I have met several cases in children in which the ear disease could plainly be traced to reflex irritation from dentition. The following case illustrates these observations.

Alice B., aged 3 years. History good. A blonde, fat, chubby, bottle-fed. Teeth were slow developing, and none appeared before ninth month. Before the eruption of the incisors the gums were swollen, much perspiration about head, frequent, whitish, thin stools, abdomen swollen and distended. Cried much from what seemed to be "earache." This proved to be the cause, for in a few days perforation of the membrana tympani occurred allowing the escape of a thick, foul-smelling pus. This discharge, in connection with the accompanying symptoms, were good indications for Calcarea carb. This remedy was given, and seemed to assist in the eruption of several teeth, relieving

the stool and abdominal symptoms. The otorrhœa persisted until the teeth were cut when it rapidly disappeared under occasional doses of *Calcarea carb.*

CASES FROM PRACTICE.

DR. HESSE, HAMBURG.

Translated by A. McNEIL, M.D., San Francisco, Cal., from *Allg. Hom. Zeitung*.

I.—C., merchant, 60 years old, has been troubled for years with a gnawing sensation below the sternum which compels him to eat frequently, canine hunger with a feeling of emptiness in the stomach, relieved by eating. *He cannot bear the pressure of his clothing over the stomach. The warm room is disagreeable, he must have fresh air and the windows open.* He is annoyed by congestions and flatulence. Sleep tolerable. *He lies on his back with his head elevated.* Frequent urging to urinate. Light attacks of vertigo. My first prescription on the 21st of October, 1886, was five powders of *Lycopodium* 10, a dose every evening, then a pause.

Nov. 2.—Better in every way. Placebo.

Nov. 14.—He is all well and is extremely pleased at the rapid disappearance of his long continued disease, and I am certain that his condition since then has been normal.

II.—Fraulein C., æt. 57, pale dark hair, and is emaciated. For years she has suffered periodically from ulcers on the legs. Fifteen weeks ago small blisters appeared on the left leg, which contained water, then they became purulent, run together and formed a sore spot as large as one's hand, which looked like raw flesh and secreted pus but formed no crusts. Since eight weeks the surface of the right hand has been afflicted in the same way. In the ulcers there is violent itching, burning and pulsating. Her leg must be kept elevated. *Warmth increases the pains. She lies on her back with her head elevated. Aggravation toward evening; regularly at 4 o'clock she becomes hot and cannot tolerate the warm room.* Formerly she had suffered much from cold and swollen feet. She has been in bed all of this time and under careful allopathic treatment, but without benefit. I, also, treated her unsuccessfully for five weeks, till the 3d of April, 1887, when I first had an opportunity to see her and learned the

above-mentioned symptoms. I gave her *Lycopodium* 10, a dose every evening. •

April 22.—After the third powder the healing began. The hand is healed, the leg looks better and she begins to stand up. Placebo.

May 2.—Hand and leg worse. *Lycopodium* 10, a dose every fifth day.

June 1.—Leg is almost entirely healed, but occasionally a little blood oozes from a small blister. The same medicine, a powder every sixth evening. Since then only at times she complains of heaviness and going to sleep of the leg.

III.—Sch., photographer, æt. 48. Six months ago had his feet wet. On the second day after, he had a peculiar attack which afterwards returned almost daily, occasioned by such slight things as excitement or working in cold water. His business was very much injured thereby. In these attacks he became weak, his face took on a yellow collar, his thoughts were confused, his tongue lame, his speech indistinct and on attempting to speak the left side of his face became distorted. These attacks usually lasted an hour. The patient is extremely irritable and afterwards relaxed and apathetic; he groans the entire day; groans and cries out in sleep; has anxious dreams and does not lie comfortably on his back. Appetite poor, tongue coated, stool normal, urine dark. He cannot bear to be alone. During the attack he lies on the *left side*. He has a pain going downward on the left side of the face. During an east wind [cold, in Germany,] sensation as if the left side of the face was gone.

I saw him on the 2d of April, 1887, the first time. I gave him *Sepia* 10, a dose morning and evening.

April 5.—On the first days there was aggravation of the mental condition, so that he must weep much, afterward disposition, appetite and sleep much better and no attack. Placebo.

April 16.—He has worked in cold water without being attacked. Placebo.

No other attacks followed for I saw him July 11th on account of an angina, and afterwards for a gastric difficulty.

Boenninghausen mentions for bad effects of wetting the feet seven remedies, of which only two, *Sepia* and *Silicea*, have the above-mentioned sensitiveness to the east wind. It might ap-

pear doubtful which of these should be chosen. But the disposition called more for Sepia (with the exception of the longing for company, which is more suitable for Silicea; the Sepia patient is satisfied to be alone and is anxious and ill-at-ease in large society affairs), further, lying on the diseased side. Then Sepia has conspicuously the aggravation from water and washing, in which Boenninghausen only gives Silicea the third place.

[This is a masterly analysis of a case as well as a brilliant selection of the remedy and therefore followed by a magnificent cure. I more and more employ Boenninghausen's Pocket-Book, and I find that as I do so I cure with much more certainty, and I firmly believe that if I had not neglected that work I could have cured cases that I failed to benefit. I therefore wish success to Dr. J. C. Guernsey in getting this invaluable work, which has been long out of print, into the hands of the profession.]—MCNEIL.

IV.—Fraulein Kl., 37 years old, hair black, moderately nourished, has suffered for three years from cough and shortness of breath. *She is worse in dry air, fog, east and north wind, and the atmosphere before a thunder-storm almost suffocates her. When walking she often loses her shortness of breath. Lying on the left side is disagreeable; she must lie with her head high, and often sit up in bed. A warm room is often uncomfortable to her.*

Expectoration yellow or green with a salt taste; appetite moderate; no thirst; urine often has a blood-red sediment; menses every four weeks, very scanty; complaints worse *before* and during menstruation. Disposition sad and disposed to tears. Formerly she had had cough, vesical and hæmorrhoidal troubles, weakness of memory and changed disposition.

April 18, 1887.—Sepia 10, morning and evening a powder.

April 20.—Cough materially better, expectoration less, appetite increased, urine more plentiful and clearer, sweats more under the arms since she took the medicine, disposition improved. Continued the medicine.

May 16.—Cough still continues, dyspnœa better, expectoration considerably improved. She can lie with her head lower and does not need to sit up in bed. When she first began to take the remedy she always awoke with headache, and sleep was unusually profound and long continued. I have noted these remarks of the patient and the increased sweat under the

arms because I attribute both to Sepia. Continued the remedy. [Why.]—McNEIL.

July 6.—She is in a very good condition. Continue.

July 15.—There is no comparing her present with her former condition; she can walk and climb.

Light relapses which afterward recurred were easily removed by the same remedy.

The symptom is peculiar and characteristic for Sepia of "improvement even of the respiration [at least in many cases,] in violent exercise." In spite of shortness of breath and palpitation of the heart, which are aggravated during rest, sitting and lying, the patient can dance and skate without difficulty, directly opposite to such complaints for example with Natrum mur. I may add that palpitation of the heart, worse when at rest and lying on the left side, has been several times cured by Sepia; worse during rest and lying on the right side by Magnesia.

HOMŒOPATHY IN VENEREAL DISEASES.

A. B. EADIE, M.D., TORONTO, ONT.

Gonorrhœa is one of those diseases in which Allopathy has exhausted all its resources and is compelled to acknowledge it to be its *bête noir*. Its pathology is probably as well understood as that of any disease that has ever baffled the best intelligences of *legitimate* medicine. Its specific cause, the gonococcus, may be demonstrated with ease, and this indeed is resorted to for purposes of diagnosis and to defend that delightfully rational principle, *tolle causam*, which happily is within our power, by irrigating the canal with "distilled water and $\frac{1}{1000}$ gr. of corrosive Mercury." Not so long ago, enthusiastic students would return from New York with the story that gonorrhœa was cured every time in two or three days by this irrigating procedure. Nevertheless, in spite of this, we find these rational, legitimate scientists compelled to confess to very indifferent results. Professor Gottheil, speaking before the class at the New York Polyclinic, said: "Gentlemen, after we have used our injections, and dilated with the metallic sound, and explored with the speculum, and cauterized with the cauteries, and irri-

gated with the bichloride solutions to our heart's content, *one-half of our patients still have the clap.*"

How absurd, then, sounds the words of Dr. T. F. Allen, when he says: "He who in these days will not wash out with distilled water and one five-thousandth of a grain of corrosive Mercury a fresh case of gonorrhœa, and cure his erring brother in twenty-four to forty-eight hours, must give up the treatment of such diseases." *Bosh!* In what sort of fashion has this gentleman read Hahnemann, when he talks of "washing out a fresh case of gonorrhœa"? Dr. Allen is very much like Esau who sold his birthright for a mess of pottage.

The following cases are presented as illustrative of the possibilities of Homœopathy in these disorders.

CASE I.—August 7th, Mr. C. Contracted gonorrhœa about two weeks ago and has been under old-school treatment without relief.

Pain on micturition, so severe that he bends double and fairly yells with pain.

It is almost impossible to pass water on account of the violent burning, cutting pains; constant urging.

Meatus red and swolled; discharge of thick, yellowish pus.

Cantharis cm. (Swan), pulv. ii., one, night and morning.

Aug. 13th.—Can now pass water entirely without pain, no difficulty whatever. Discharge same. Copaiba cm., pulv. iii., one, night and morning.

Aug. 20th.—Much better, discharge reduced one-half. Copaiba cm., pulv. iii.

February.—Reported that the powders had entirely cured him.

CASE II.—February 18th, Mr. W. Has gonorrhœa since Christmas; has been under Allopathic treatment.

Has burning pain before and after urinating; meatus red and sore; thick, yellow pus from urethra. Copaiba cm., pulv. iii.

Feb. 25th.—Much better, no pain for two days, discharge less. Copaiba cm., pulv. i.

March 1st.—Much worse; has been drinking beer. Copaiba cm., pulv. vi.

March 6th.—Much better; no discharge, no pain.

March 19th.—Returned as bad as ever; due to his occupation to which he returned—he is train messenger. Copaiba cm. Since when I have not seen him, he left the city and went to another place.

May 6th.—Returned ; reports last prescription entirely cured him.

CASE III.—September 6th, J. Mc. presented himself with three round ulcers on the prepuce, rather *painless* ; sometimes they sting a little and bleed a little when touched or when the lint is removed—two of them are about one-quarter of an inch in diameter and the other somewhat less ; the bases are indurated and edges somewhat elevated above the adjacent tissue. They secrete a little thin pus ; he has had them for ten days, and stated that he was exposed to contagion six weeks ago and not since ; in addition he has a greenish pus running from the urethra, the remains of an old gonorrhœa—he is an old offender. Merc. sol. Hahn., Fincke cm., pulv. iv., and placebo on ten days.

Sept. 18th.—Chancres *pain* him a good deal now and bleed more, but the indurated borders have *entirely disappeared*, and the floor of the ulcers seems to be granulating and looks more healthy. Mercurius cm., pulv. iv.

October 29th.—The edges of the center ulcer are extending over the floor ; it is rapidly healing ; the remaining two present clean cut edges, that punched-out appearance so characteristic of the specific lesion ; they are about a line in thickness and *without induration* ; pus and blood continue to be discharged ; the center sore is not so painful as the others and the pain in general is less. The discharge from the urethra is much less. Mercurius cm., pulv. ii., et placebo.

November 9th.—Central sore entirely healed and the others all but closed ; gonorrhœal discharge has ceased. States that always after the first powders (the Merc.) the discharges were much increased.

May, 1888.—The patient remains entirely well to date.

CASE IV.—March 24th, J. S. Contracted gonorrhœa five weeks ago. Was under treatment Allopathically four weeks without benefit ; has been without medicine one week. No pain or soreness in penis ; thick, yellow discharge. No pain whatever until after urinating, then a sharp cutting and burning comes in center of urethra lasting two minutes, very severe, “nearly takes his breath” ; must bend over and press his hand on epigastrium ; urine free, copious, coffee-colored ; desire urgent ; constipated ; herpes on lips. Natrum mur. cm., pulv. iv., one every night.

March 28th.—Pain is now a burning on passing water; sharp after-pain gone; complains of severe back pain, runs around hips.

March 29th.—Pain in back less; pain in urethra less; still constipated, ineffectual desire.

Nine A. M., Nux cm.

Seven P. M.—Discharge ceased; no pain on passing water. Back pain shifted to front; felt faint at 11 A. M.; has rolling and rumbling in abdomen; still constipated. Sulphur 1m.

March 30th.—Bowels all right; no discharge from urethra; no pain on urinating.

April 6th.—Trouble returned. Natrum mur. cm.

April 15th.—Last prescription removed all traces of his disease.

Societies.

NEW YORK HOMŒOPATHIC UNION.

Minutes of the first meeting of the New York Homœopathic Union, held at the office of Dr. Edward Bayard, No. 8 West 40th street, New York, April 19, 1888.

The following circular was addressed to many physicians in and about New York City and Brooklyn, by the gentlemen whose names are appended.

NEW YORK, April 14, 1888.

DEAR DOCTOR.—After consultation among a number of Homœopathic physicians, living in New York and vicinity, it is deemed best to form an association for purposes of mutual support in the practice of our art and especially in keeping alive the great truths promulgated by Hahnemann. The necessity of some action is apparent and needs no argument. Let us know each other, not through a glass darkly, but face to face. We propose to meet at the residence of Edward Bayard, M.D., No. 8 West 40th street, New York, where you are cordially invited to come Thursday, April 19, 1888, at eight o'clock in the evening, organize, decide on times and places of meeting, and then all go to work. Will you join us?

EDWARD BAYARD.

P. P. WELLS.

CLARENCE WILLARD BUTLER.

E. CARLETON.

In response the following physicians were present: Drs. E.

Carleton, J. W. Thomson, J. F. Miller, B. Fincke, J. Van Evera, C. Williams, Samuel Lewis Eaton, E. Bayard, C. C. Howard, J. Finch, H. Hitchcock, B. L. B. Baylies, E. Rushmore and Clarence Willard Butler. Communications expressing sympathy with the objects of the society, and desire for active membership, were received from the following who were unavoidably absent: Drs. P. P. Wells, Alice B. Campbell, R. Heber Bedell, and Phebe D. Brown.

Dr. Carleton was chosen temporary chairman, Dr. Butler, secretary.

Dr. Carleton briefly stated the objects of the society to be the study of Homœopathy, both in respect of its philosophy as a science and its practice as an art.

Dr. Bayard spoke of the difficulty of individualization by physicians in large practice, and of the dangers that such physicians would become generalizers. If this occurs, the desire for a generalized materia medica necessarily follows, since they have no time for study. The jewel Truth was only brought to light by hard work, sacrifice and suffering. Societies with such objects as those of this society are an imperative necessity, that these dangerous tendencies may be combatted and Homœopathy preserved in its purity. It should be our endeavor to hold aloft the great light which Hahnemann separated from the darkness, and which these busy and careless men are trampling in the dust. He advocated the simplest form of organization, and suggested as a name, the New York Homœopathic Union.

Dr. J. W. Thomson suggested the name, the New York Hahnemannian Society.

Dr. B. L. B. Baylies thought that stress should be laid upon the word "Homœopathic" which covers the principal fact.

Dr. Fincke liked the name Homœopathic Union, Homœopathic, he said, was enough. The Union would indicate the union of the homœopathic remedy and the dose. It is not enough that a remedy simply covers the symptoms, but it must be homœopathic to the nature of the disease as well. He then read some carefully selected extracts from the Organon in proof of this position. The informal meetings of earlier days, he said, had been most valuable to him. The larger societies with their machinery had "machined" nearly all of Homœopathy and of profitable study, out.

Dr. Miller said that it had been stated that the Hahnemannian Homœopaths were to the great body of the Homœopathic profession, as one to one hundred. For this reason he favored a distinctive title for the society.

Dr. Bayard thought that this society had nothing to do with the practice or belief of the majority of the profession. It was organized that its members might bring to it for the mutual improvement, all the good, all the truth they could. It should fight no battles and enter into no controversies.

Dr. Howard said that only physicians who were trying to practice Homœopathy in its purity, as we are, had any right to the honorable title of Homœopathists; there was no need for any other name.

Dr. Hitchcock desired to know if it was thought advisable to have a pledge and an elaborate organization.

Dr. Bayard.—The more simple the organization the better. We want no pledge.

Dr. Fincke thought all should be welcome. If men came in who were not in sympathy with the objects of the society, our study of the Organon would soon drive them away.

Dr. Thomson still thought that the title Hahnemannian Union as a tribute to Hahnemann, was the one which should be chosen.

Dr. Miller moved the appointment of a committee of three on permanent organization. Carried.

Drs. Miller, Rushmore and Butler were appointed.

Dr. Miller declined to serve, and Dr. Finch was appointed in his stead.

Dr. Hitchcock moved that we proceed to the study of the Organon. Dr. Fincke read Section 1st.

Dr. Carleton asked: "Have we not a duty as Homœopathic physicians in teaching those who say they will do anything to help their patients?"

Dr. Hitchcock thought that that was implied in Section 1st.

Dr. Fincke referred to Sections 2d and 3d which he read. The committee on organization then reported the constitution and by-laws which were accepted.

The following officers were next elected:

President, Edward Bayard, M.D.

Vice-President, B. Fincke, M.D.

Secretary and Treasurer, Clarence Willard Butler, M.D.

Dr. Finch suggested that some portion of the Organon be read and discussed at each meeting.

Dr. Hitchcock asked Dr. Fincke if he would not bring over his translation of the Organon for comparisons with those already in print. This Dr. Fincke kindly consented to do.

Section 6 of the Organon was then read.

Dr. Hitchcock spoke of the importance of the history to the treatment of a case. He had a case of polypus in the throat. There were no symptoms that he could elicit. The history of the patient showed a menstrual disturbance twelve years before which should have received Sepia. He now gave Sepia and a few doses cured the polypus within two years.

Dr. Butler thought that the pathological anatomy should be studied more carefully with reference to therapeutics. From the nature of the case few provings would ever be pushed far enough to produce tissue change; but clinical experience would add valuable symptoms to our *armamentum medicorum* in this field, as it had in the purely subjective. The totality of the symptoms must include these tissue changes, and the more we know of them as indicators for drug exhibition, the greater our resources.

Dr. Thomson did not think these would ever have other than diagnostic or prognostic value.

Dr. Butler.—They will always be secondary to the subjective symptoms, because less peculiar and uncommon.

Dr. Van Evera said that we know that certain drugs can produce such symptoms, and they must certainly be within the range of curative action of such drug, when arising from other causes.

Dr. Carleton warned against mere symptom covering, without careful examination, especially for the mechanical causes of disease. When these exist their removal will prove the only proper treatment. He instanced cystitis dependent upon the presence of calculi in the bladder, and the many uterine symptoms which were frequently, promptly and radically removed by operating for the laceration of the cervix which was indirectly their cause.

Dr. Fincke called attention to the favorable results in the after-treatment of surgical cases from Homœopathic medication.

Dr. Bayard spoke of the possibility of cure of diseased con-

ditions in their earlier manifestations which otherwise would eventually demand surgical treatment.

Dr. Fincke mentioned the case of a man who was poisoned by sumach, and suffered for a long time with symptoms referred to the urinary apparatus. He eventually passed a large calculus.

Dr. Thomson said that disease often takes on that type which had been prominent in the patient's ancestors.

Dr. Bayard related the case of a man who, after exposure, had most violent earache, the pain was very acute, was in and behind the ear, running down behind the neck with much throbbing. He confessed, with such a severe case, he hesitated to trust to the common dandelion—but he did—and the *Taraxicum* cured brilliantly. He took occasion now to say that he thought it an honor to be made president of the New York Homœopathic Union. He believed that the society had profitable work to do, and would do it. He suggested that each member bring his Organon to the meetings.

The study of the Organon for the next meeting will be Sections 5, 6 and 7.

Dr. Baylies referred to the repetition of doses and said that he did not consider repetition of dose without intermediate examination of the patient, Homœopathic.

Dr. Bayard thought that in acute cases where the direct action of the morbid force was strong and rapid, repetition was necessary.

Dr. Thomson agreed and instanced a case where the patient, an old lady, was suddenly taken very seriously ill, and where the indicated remedy relieved in frequently repeated doses. He stated that in such cases he *had* to repeat frequently.

Drs. Finch and Butler could not understand how he knew that he must repeat if he had not tried the single dose.

Dr. Baylies instanced cases where a single dose of a high potency was followed by sharp aggravation, after which the recovery was speedy.

Dr. Butler advocated the single dose first—then, repetition if examination showed that the remedy was well chosen and satisfactory results had not followed the single dose.

Dr. Hitchcock reported the following case as illustrating the rapidity of action of the well-chosen remedy. Severe neuralgia of head and eye, worse on the right side, shooting pain with

relief from heat. Magnesia phos. cm., one dose, relieved entirely in five minutes.

Dr. Baylies wished to state his conviction that the single dose was especially called for in chills and fever. He also told of a case of diphtheria cured by a single dose of Lac canium.

Dr. Bayard stated that the late Dr. Reissig was the discoverer of Lac canium. That he (Dr. R.) had a theory that substances which were easily digestible and nutritious in large quantities, when triturated or potentized—very minutely divided by these means—were very active poisons. He used potentized beef in small-pox with wonderful results, as Dr. Bayard could testify. Dr. Bayard once recommended its use to a medical gentleman in Boston, who gave it in frequently repeated doses of the 30th, with the most terrible aggravation.

Dr. Reissig made provings of these substances and used them in the true Homœopathic manner.

The oyster was another remedy of his which he found useful in many scrofulous conditions. The potentized oyster, Dr. B. said, was the vilest smelling stuff that he ever encountered. He paid high tribute to Dr. Reissig's attainments as a scientist and a gentleman. Dr. R., he said, was not a secretive man, but was very sensitive, and he did not publish his provings nor his cures because he thought the profession was not yet ready for them.

ONONDAGA COUNTY SOCIETY.

The Annual meeting was held at No. 52 Warren street, Syracuse, N. Y., May 2d, at 2 P. M. Present, Drs. Brewster, True, Seward, Hooker, Robinson, Candee, Sheldon, A. B. Kinne, Emmons and Schumacher.

In the absence of the president, Dr. Hawley, the meeting was called to order by the vice-president, Dr. A. B. Kinne.

Dr. A. B. Kinne was elected president for the ensuing year, Dr. Sheldon vice-president, Dr. Candee re-elected secretary.

Sections 19 and 20 of the Organon were read.

Dr. Sheldon read a paper entitled, "A Few Thoughts on Sulphur."

Dr. Seward.—Saw a case of paralysis in a child who had had an itching eruption suppressed with Sulphur—child could not move hand or foot. Case of double pneumonia, after inter-

mittent; patient more or less psoric—considerably more than less. Half of each lung was hepatized. Aconite and Bryonia did no good and Sulphur 3, or 2, was given, two or three doses in twenty-four hours. She had not been able to lie down save at an angle of forty-five degrees, could not expectorate and the legs were cold and covered with cold sweat. She had high fever, small rapid pulse and great dullness over the lungs. Sulphur removed all the symptoms.

Dr. Candee.—In a case of posterior spinal anæmia with persistent sleeplessness, Sulphur 6x induced good sleep.

Dr. True.—I think the practice of blowing crude Sulphur into the throat in cases of follicular tonsillitis is productive of great harm. Druggists retail a prescription for constipation which contains Sulphur. Was called to see a case that had been treated in this way. Patient complained of trouble with the head, vertigo, heat of vertex, heaviness and coldness of limbs.

Dr. Schumacher read a paper on *Nux vomica*, giving the following conditions as indicating *Nux*: Middle-aged persons; slender, lean persons, of rigid fiber; persons who had inactive livers; persons suffering from abuse of coffee, spirits and cathartics.

Case.—A. E., aged 43, short, slender, lean. When nineteen years old he cooled off suddenly when very warm, and in a few hours was taken with a neuralgia of the face which lasted fourteen days. It had recurred at intervals ever since and he had always used Morphine. *Nux 6x* relieved, and on its recurrence *Nux 30* cured and he has now been well for five years.

Case.—Dysentery; woman, aged 75 years; frequent, small stools of clotted blood, tenesmus before and after stool. *Merc. cor.*, no relief. *Nux 30*, cured at once.

Further indications for the use of *Nux* are as follows: Dull headache; *raw feeling* of the throat and respiratory tract; hæmorrhoids and constipation.

Diphtheria: white patches in the throat; redness; prostration; no appetite; pain in stomach on pressing on it.

Dr. Brewster.—An allopath treated a case of dysentery for six weeks with Calomel, etc., and at the end of that time there were frequent small stools of mucus. *Nux* cured in twenty-four hours but the woman was sometime in regaining her strength.

Dr. Sheldon.—*Nux* is indicated where there is tenesmus and a feeling as if the movement had not been complete.

Case.—A banker who was confused at his desk all the time was troubled with constipation for three years. Great irritability; feeling after stools as if more remained to be passed. Nux 3x, a dose every night, cured.

Dr. Hooker.—I have repeatedly verified the indication, "raw sensation in the throat and air tubes," and consider it one of the most reliable indications for Nux.

The society adjourned to meet at 52 Warren street, Tuesday, June 5th, at 2 P. M. F. H.

THE AMERICAN INSTITUTE SESSION.

EDITOR MEDICAL ADVANCE.—The American Institute session, as already announced in your journal, will be held at Niagara Falls, N. Y., beginning Monday evening, June 25th. The General sessions, the Sectional meetings, and the meetings of the various committees will be held in the new Orpheus Park Theater, facing the State Reservation and contiguous to the large hotels. It is furnished with upholstered chairs, is well ventilated, and well lighted by both daylight and gaslight.

Mr. A. H. Gluck, proprietor of the International Hotel, will entertain the physicians and their friends at the very moderate rate of three dollars per day. Carriages will be obtainable at reasonable and fixed rates. Admission to all points of interest about the falls will be without charge, the only exception being the bridge-toll of twenty-five cents for the round trip across either of the suspension bridges to the Canadian side.

The committee on railroad fares has secured concessions under which those who pay full fare going may obtain return tickets at one-third fare. But to obtain this reduction the rules of the railway associations must be implicitly followed. These rules will be published in the Institutes annual circular. Any physician failing to receive the circular may obtain a copy by addressing the undersigned.

So far as is now known, about seventy papers will be presented at the session, embracing a wide variety of medical and surgical topics, and sure to furnish subjects of special and absorbing interest to every physician who may attend.

A grand excursion to Fort Niagara, at the mouth of the river, has been arranged for Tuesday evening. The excursionists will enjoy a fine view of the falls, the gorge, the rapids, and the whirlpool—first by twilight and then by moonlight—in open "observation cars," with a steamboat ride, a collation and music, on the quiet river below. This unique entertainment, so generously provided for the physicians and their friends, will be in harmony with the usual attractions of Niagara, which have given to it its world-wide reputation.

Respectfully,

PEMBERTON DUDLEY, M.D., Gen'l Secretary.

S. W. Cor. 19th and Master sts., Philadelphia, Pa.

THE MEDICAL ADVANCE

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. G. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

A MODERN REVELATION.—In the Atlas of Venereal and Skin Diseases, now being published by Wm. Wood & Co., of New York, the editor, Dr. Prince A. Morrow, condemns the excision and cauterization of the syphilitic ulcer as not only unnecessary but positively injurious. On page 40 he says: "The alleged advantages of destructive cauterization of the primary sore are purely illusory; the use of caustics almost always tends to increase the volume of the induration and retard the healing of the ulcer. The chancre has a tendency to heal spontaneously, and, in the majority of cases, the treatment should be mainly expectant." This, from one of the leading allopathic syphilographers of the day, is a bold stand to take. Yet, in 1816, in his celebrated essay "On the Venereal Disease and its Ordinary Improper Treatment," Hahnemann denounced the suppressive cauterizing method as irrational, erroneous and pernicious in the extreme, and affirmed that "not a single patient escapes constitutional syphilis if his chancre has been only locally destroyed." John Hunter also says: "Not one patient out of fifty will escape syphilis if the chancre be only locally destroyed." Fabre, of Paris, in a work published in 1786, says: "A chancre will always cause syphilis if it be only treated with external remedies." Hence the recommendation of Morrow while neither new nor original is opposed to the teaching and practice of his school. Dunham says: "But inasmuch as I do not regard the chancre as the *fons et origo mali*, but rather as the blossom and product of a constitutional infection which already pervades the

system, I am not in so great haste as some are to destroy the chancre, well satisfied if, under internal treatment, I perceive it gradually heal by healthy granulations, no other symptoms meanwhile appearing. Above all, I dread the local treatment by caustic, the much vaunted method of Ricord. "For observation has satisfied me that even a majority of his patients, discharged as cured through the local cauterization, present after the lapse of from one to eight weeks, all the signs of secondary syphilis." After such a warning by an author like Morrow, will the teaching and practice of the dominant school be changed? After Hahnemann and Dunham have denounced the local treatment of the syphilitic ulcer in such scathing terms, will our colleges continue to teach and our physicians to practice this absurd of all absurdities of empiricism? As well expect to eradicate the constitutional effects of vaccination by cauterizing the pustule, after the virus has coursed through the circulation for several days and thoroughly impregnated the system. But, if Dr. Morrow can prevail upon his school to abandon this vicious and unscientific practice, there is a prospect that the Homœopathic physician will return to the teaching of Hahnemann.

* * *

THE AMERICAN INSTITUTE.—Members attending the next meeting at Niagara Falls, June 25–29, will confer a favor on the Committee on Railroad Fares if they will procure certificates entitling them to a return for one-third fare. At least one hundred certificates must be presented to secure the reduction.

* * *

MEDICAL EDUCATION.—The address of Dr. Garnet, president of the American Medical Association at the meeting of that body at Cincinnati, May 8th, on "The Mission of the American Medical Association," contained some statistics furnished by the United States Commissioner of Education, which afforded food for serious thought, if nothing else. It was evidently a surprise to the assembled wisdom of Allopathy to learn that in the matter of medical teaching they were following in the wake of the homœopathic colleges. There are 126 medical colleges in the United States. "Of the 114 reporting, one requires only one course of lectures; 86 require two courses; these 87 I group together as following the old or repetition method; 26

require three graded courses, and one school four such courses; these 27 I group together as requiring the new or graded-method, with the following result as regards *numbers* :

DESIGNATIONS.	GRADED METHOD.			REPETITION METHOD.			ALL.		
	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.
Allopathic	21	1839	383	68	7752	2826	89	9591	3209
Homœopathic	5	314	104	8	748	351	13	1062	455
Eclectic	1	24	14	9	578	187	10	602	201
Physio-Medical .....	...	.....	.....	2	47	28	2	47	28
All Designations	27	2177	501	87	9125	3392	114	11302	3893

"This tabular summary is not introduced in order to discuss it, but in order to furnish a basis of concrete numbers, upon which the percentage numbers given below may be verified."

DESIGNATIONS.	REPETITION METHOD.			GRADED METHOD.		
	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.
Homœopathic	38.5	29.6	22.9	61.5	70.4	77.1
Allopathic	23.6	19.2	11.9	76.4	80.8	88.1
Eclectic	10.0	4.0	7.0	90.0	96.0	93.1
All Designations	23.7	19.3	12.9	76.3	80.7	87.1

It is with pardonable pride we can thus demonstrate the superiority of our medical colleges, but we should not rest on our honors. There is no reason why all our colleges should not adopt the three years graded course of instruction, and unless we misread the signs of the times the coming session of the American Institute will see that this is accomplished.

New Publications.

PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD, WITH THEIR CONCOMITANTS AND CONDITIONS. By C. NEIDHARD, M.D. Pp. 188. 8vo; Cloth, \$1.50. Philadelphia: F. E. Boericke. 1888.

This is a repertory of the symptoms of the head originally prepared by the author for his own use, and from his ripe experience he has given us a valuable and practical work for ready reference. He corroborates Hahnemann's

observation as to the value of mental symptoms, when he says: "I have discovered that, where some particular remedies were closely allied to the symptoms of the head, the concomitant symptoms in other organs would more readily yield to the action of the remedy." This is a therapeutic fact. There is a good table of contents by which reference can be made to the different parts of the head and the many kinds of pain and their concomitants. The symptoms are given in sufficient detail for practical reference, but the use of the figures preceding and following the symptoms should have their use explained by the author. We also notice that many remedies, especially those inert in their crude form, have in the author's experience been used low, almost in the crude form. Cal. 1, 3; Alum. 3; Lyc. 1; Graph. 3; Sulph. 1; Caust. 2; Sil. 2. It would, in our opinion, have been wiser, to have said nothing about potency; simply giving the symptoms and allow every physician to do as the author has done, use his own experience as to potency. There is no use in attempting by an arbitrary *ipse dixit* to limit the physician to the favorite potency of even an author, no matter what his experience.

ATLAS OF VENEREAL AND SKIN DISEASES. By PRINCE A. MORROW, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. Wm. Wood & Co., 1888.

This enterprising publishing firm has already furnished the profession many valuable and expensive works, and previous successes appear to have made them almost reckless in undertaking expensive publications. They rely implicitly on the good sense of the American practitioner who rarely fails to appreciate a valuable work. In the preparation of this Atlas the aid of the leading dermatologists and syphilographers of the world has been enlisted. Such men as Kaposi and Neumann, of Vienna; Hutchinson of London; Fournier, Hardy, Ricord, Cullerier, Besnier and Vidal, of Paris; Leloir of Lille; Morrow, Keyes, Otis and Piffard, of New York, and Hyde of Chicago. It will also contain among the common forms of skin diseases the eruptive fevers—scarlatina, erysipelas, rubeola, variola, varicella-vaccinia, etc.—not found in any other work of the kind. The completed work will contain seventy-five superb chromo lithographic plates exquisitely tinted and many of life size. The plates of the first three parts are the finest illustrations of diseases of the skin we have ever seen, and we doubt if they are excelled in medical literature.

We congratulate the author on his improved therapeutics of syphilis, for he says: "The alleged advantages of a destructive cauterization of the primary sore are purely illusory; the use of caustics almost always tends to increase the volume of the induration and retard the healing of the ulcer. The chancre has a tendency to heal spontaneously, and in the majority of cases, the treatment should be mainly expectant." This is almost the teaching which Hahnemann promulgated seventy-five or eighty years ago, and we are rejoiced that our friends of the dominant school will soon cease the barbarous and unscientific practice of cauterization. As well attempt to rid the system of the effects of vaccination by cauterizing the pustule after the poison has

circulated long enough to produce its kind. Perhaps some of our Homœopathic friends will now learn to accept Hahnemann's teachings as the basis of successful treatment of the chancre.

ALDEN'S MANIFOLD CYCLOPEDIA. Vol. V.: Bile to Brave. Illustrated. New York: John B. Alden.

It is generally admitted that a good, practical cyclopedia is a desirable possession for every home. As to which is the best for popular use, the "doctors disagree." Evidently the matter of choice should depend somewhat upon the use for which it is intended. A correspondent writes as follows:

"I have been exhibiting the Manifold among my friends and acquaintances, and expatiating on its excellence and wonderful cheapness. There is no reason why every young man in the land who has occasion to refer to a cyclopedia should not possess it. The laying by of but five pennies a day for six months will put him in possession of a work that will be of lasting benefit. Among those to whom I have shown the volumes I found but one young man who did not need the Manifold. He has a cyclopedia; a number of large volumes; he did not know how many, nor did he know the name of the editor or publisher; but they are very large, heavy volumes. Believing that he did not frequently consult them, I asked if he ever used them.

" 'Certainly,' said he, 'I use them every day.'

" 'What can you possibly do with them?'

" 'Why, I press my trousers with them.'

" 'My dear sir,' said I 'You do not need the Manifold. Mr. Alden publishes books for the purpose of developing and improving the intellect, and not to give shape to the legs. Do you stick to your ponderous, unwieldy volumes; they are well adapted to the purpose for which you use a cyclopedia; but the dainty volumes of the Manifold—how delightful to handle, and how beautiful to behold—are made with a view to ease of reference and convenience of consultation, and cannot be successfully converted into a substitute for trowsers' stretchers.' " EDWARD EBERBACH, Washington, D. C.

Volume v., which has just been published, more than sustains the good reputation of the previous issues, being, especially, more full in its vocabulary and the entire workmanship. It is certainly not only a wonderfully cheap, but a thoroughly excellent, cyclopedia for almost any conceivable use except that of a "trowsers' press."

LECTURES ON DISEASES OF THE HEART. By ALONZO CLARK, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine, College of Physicians and Surgeons. New York: E. B. Treat, 1888.

This work comprises the substance of the clinical lectures of the author on "Diseases of the Heart," delivered in the lecture-room and hospital amphitheatre of the College of Physicians and Surgeons. The style, though colloquial, is clear and concise, and in the diagnosis and pathology of cardiac lesions these lectures are very valuable additions to the reference library. It comprises the study and clinical experience of nearly half a century and the publisher deserves the thanks of the profession for giving them a permanent form.

PERILS OF AMERICAN WOMEN. By G. L. AUSTIN, M.D. Boston: Lee and Shepherd.

There is no reason why American women should be popularly classed as a nation of invalids, any more than the women of England, France or Germany. But the semi-popular medical works, now so common here, appear to think it a duty they owe the country to make it out that a healthy woman in America is a *rara avis*. Against this vicious teaching the author offers some practical common sense; that woman is not a natural invalid; and the reading of this book will not tend to make her such. Dr. Austin scores the gynecologists "who seem desirous to convince women that they have but one set of organs, and that these are always diseased." We cannot say much for the treatment recommended. It is practically obsolete. But in every other respect it is the best work of a popular kind we have ever seen. The publishers have given it a most attractive and beautiful dress.

SALIENT MATERIA MEDICA AND THERAPEUTICS. By C. L. CLEVELAND, A.M., M.D, Lecturer on Materia Medica in the Homœopathic Hospital College, Cleveland, Ohio. Pp. 171, Philadelphia: F. E. Boericke, 1888.

The author says in the preface: "It has been my effort to furnish a practical, simple, and salient work—a work that is truly practical and yet reliable in every detail. * * * The method of presentation of each remedy is in accordance of the most certain method of selecting the remedy, and not at variance with the instructions of our revered founder, when their full import is understood. We do not think we can better illustrate this work than by giving a remedy in full. Here is

ALUMINA.

1. *Temperament*.—Dry, thin, withered subjects; old people; tendency to relapses.

2. *Location and Nature*.—Motor nervous system, a paralytic condition (great heaviness in limbs, can scarcely drag them); mucous membranes (especially intestinal and vaginal), extreme dryness and lack of secretion, with irritation; "sheep-dung" stool, no desire for stool; profuse, transparent, acrid leucorrhœa.

3. *Objective*.—Dry, tettery, itching eruptions; "sheep-dung" stool; profuse, transparent, acrid leucorrhœa; slow, tottering gait, as after severe illness.

4. *Causal*.—Puberty.

5. *General Characteristic*.—Excessively faint and tired, must sit down; changeful mood, at one time confident, at another timid.

6. *Aggravation*.—Day and motion.

7. *Amelioration*.—Warm food.

8. *Therapeutic*.—Catarrhal diseases. Leucorrhœa. Gonorrhœa. Constipation. Lead colic. Liver complaint. Spinal affections. Progressive locomotor ataxia. Chlorosis. Prolapsus uteri.

9. *Administration*.—Third to twelfth trituration.

The Guiding Symptoms devotes over eighteen octavo pages to Alumina, and this small half-page is all our author thinks necessary to enable a student to master this great antipsoric. And so of every remedy presented. It is so

condensed as to be practically worthless for study or reference. So far as we can see it can be of no earthly use to any one. The clinical index is as imperfect and unreliable as the book from which it is taken. For instance: Anthrax; Apis—omitting Ars., Lach., Sil., and many others. Bed-sores, Lach.; Dementia, Anac.; Diuresis, Uran.; Epistaxis, Carbo v., Millef.; etc. Like *Drug Pathogenesis* it is another example of "Homœopathy made easy." There are a few well-known characteristics, but the major part of the work consists of crude generalities, and this from a teacher of materia medica. The only conclusion we can arrive at is that our veteran publisher, who has given us so many valuable works and whose judgment is usually so reliable, must have been on the sick list or out of the city when the manuscript was accepted.

Editor's Table.

Niagara Falls.—Members and others desiring to attend the American Institute will be returned for one-third fare, provided they pay full fare going and procure a certificate from the agent at point of starting. Members west of Chicago can procure certificates from agents of the Chicago & Alton; C., B. & Q.; C. & N. W.; M. & St. P.; C., R. I. & Pacific; Ill. Central; Missouri Pacific; and Wabash & Western, making close connections at Chicago with the Michigan Central. Non-members in the territory of the Trunk lines, i. e., east of Buffalo, Pittsburgh, etc., can have certificates sent them by applying to H. C. Allen, Chairman R. R. Committee, Ann Arbor, Mich. For information concerning time of departure of *vestibuled* and other trains from Chicago and Detroit, time of arrival at destination, location of depots, see our advertising pages 31, 32 and 33.

Dr. A. H. Thompson has located at Wichita, Kas.

Dr. G. W. Gleason has located at Rock Rapids, Ia.

The American Institute at Niagara Falls, June 25-29.

Dr. G. H. Quay has removed from Cleveland to Collamer, Ohio.

Dr. Dell Dresser has removed from Theresa to Ogdensburg, N. Y.

Dr. T. F. Pomeroy has removed to 331 West 23d street, New York.

Drs. Crosley and Rathbun, 716 Atlantic avenue, Atlantic City, N. J.

Dr. C. H. Brucker has been appointed city physician of Lansing, Mich.

The Drs. Lillienthal have removed to 1316 Van Ness avenue, San Francisco.

Dr. D. D. Miles has removed from Boonville, Mo., to 1931 Olive street, St. Louis, Mo.

In our May issue we made Mr. Helt an M.D. It was very easily done but a little premature; next year, perhaps.

Dr. A. A. Arthur has moved from Vergennes, Vt., to Marshfield, Mass., and succeeds to the practice of Dr. W. Raleigh Amesbury.

Dr. C. N. Schellenberger has moved from Philadelphia to his summer place at Riverton, N. J., which he will occupy till Nov. 1st.

Dr. Bender, of Boston, Mass., has removed to No. 134 Boylston street. During July and August he will be at the Atlantic House, Nantasket, Mass.

W. L. Reed, M.D., has been elected to fill the chair of *Materia Medica* in the St. Louis Homœopathic College, made vacant by the removal of Dr. Kent to Philadelphia. Dr. Reed is an enthusiastic student of *materia medica* and we congratulate the college upon his selection. With the changes recently made St. Louis now presents a strong, hard-working faculty.

The Commencement exercises of the New York College occurred in Chickering Hall April 13th. The audience was large and a fine class of forty-eight graduates made the occasion a brilliant one. The Dean, Professor Allen, made the opening address, and spoke of the flattering prospects of the college. The work on the new college and hospital buildings is now (May) in active operation and it is expected to be ready for occupancy at the opening of the session of 1889.

The Minnesota College has been incorporated in the State University. A department of Medicine and Surgery has been organized to be divided into: The College of Medicine and Surgery; The College of Homœopathy; The College of Dentistry. The established curriculum is practically an exact copy of Harvard. The entrance examinations will be conducted by a committee of the faculty of literature. All students will take the lectures in anatomy, physiology, chemistry, etc., and will be required to pass in all these branches after which they pass into the college whose course they elect to pursue. The faculty of the College of Homœopathy is: Professors Henry Hutchinson, St. Paul, Theory and Practice; W. E. Leonard, Minneapolis, *Materia Medica*; H. C. Leonard, Fergus Falls, Obstetrics; A. E. Higbee, Minneapolis, Gynæcology; R. D. Matchan, Minneapolis, Surgery; H. W. Brazie, Minneapolis, Pædology; Geo. E. Ricker, Minneapolis, Clinical Medicine; J. F. Beaumont, Minneapolis, Ophthalmology, and Drs. Briggs, Aldrich, Mann, Spalding, Ogden, and Strickler of Duluth, as lecturers. This places the college, so far as the curriculum and especially the entrance examinations are concerned, in the van of our Homœopathic colleges.

Editorial labor is thus graphically summarized by Dr. Dudley in retiring from the *Hahnemannian Monthly*. We reproduce it that our readers may see what there is to do in making a medical journal:

"For the past eight years, from January 1st, 1880, I have borne the burdens, the responsibilities, and the anxieties of the editorial department. During a portion of the time, I enjoyed the counsel of the late Professor Farrington, as well as his co-operation in some important portions of the work. There have been periods during these eight years when the editorial chair has not been very comfortable, and when the accountability which the medical journalists owes to the profession, seemed heavier than could well be borne. It is not merely making manuscripts for the printer, and correcting mistakes in grammar and defects in rhetoric; not merely reviewing books, and overhauling exchanges, and gathering news, and grinding out machine editorials, and reading proofs, and making up the forms—order out the chaos—and correcting the "revise," and penning the index, and answering multitudes of letters on multitudes of non-editorial subjects. These things constitute the editorial *labor*, but they furnish only an insignificant portion of the editorial *responsibility*. The homœopathic journalist has cause for anxiety, and is under a responsibility, of which his allopathic brother knows but little. He must watch the course and drift of medical events with the intentness with which the soldier scrutinizes the movements of his own and his enemy's forces. He must seek to understand the drift and tendency of these events. He must note the causes which hinder the progress, lower the status, lessen the influence, or threaten the unity of his profession, and be ready to give timely information to those whose duty and interest it is to guard the cause of progressive medical science and art."

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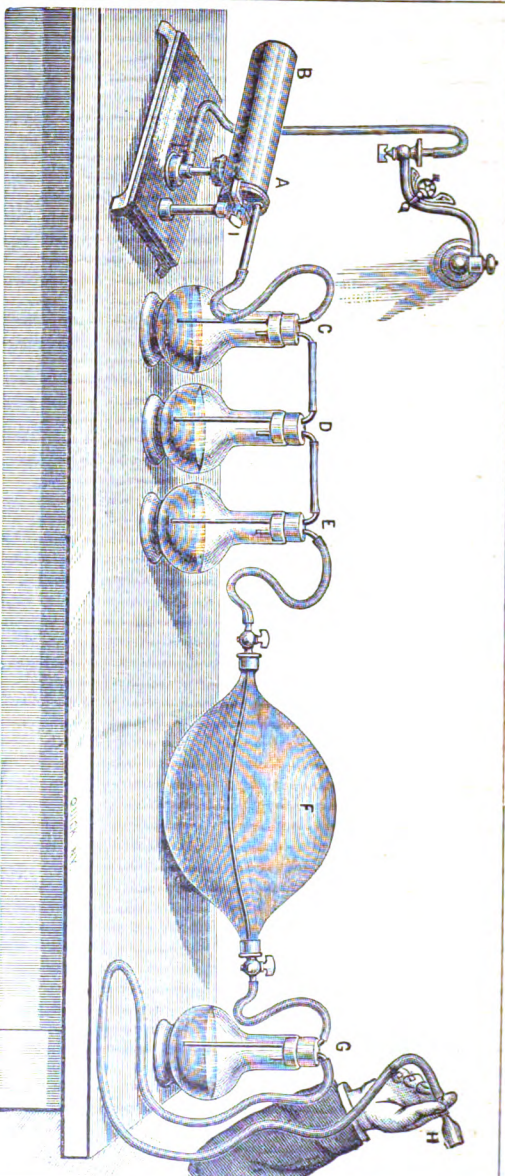
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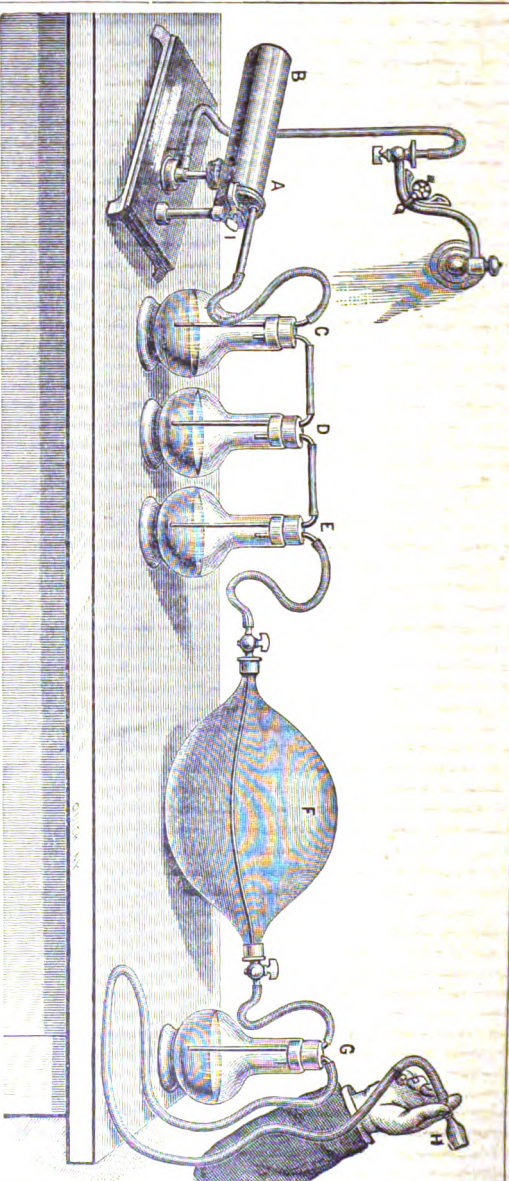
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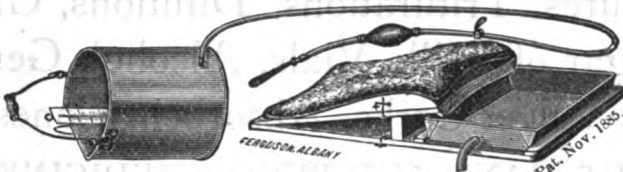
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A reliable irrigator for the prolonged application of hot water in the treatment of uterine and pelvic diseases, the patient being comfortably supported, and the drip effectually conveyed away without risk of wetting the clothing. A bulb in the fountain tube enables the patient, when desirable, to apply the hot water forcibly, in jets. An illustrated and descriptive circular furnished on application. Address,

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OLDEST HOMŒOPATHIC PHARMACY IN THE WEST. ESTABLISHED 1847.

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GEO. W. SMITH,

Manufacturer of and Dealer in

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143 WEST FOURTH STREET,

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SMITH'S PATENT LABEL HOLDER.

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CONTAINS 736 REM-
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C. S. & GEO. E. HALSEY,

88 STATE STREET,

CHICAGO, - - ILLINOIS.

Importers and Manufacturers of

Tinctures, Triturations, Dilutions, Globules,
Sugar of Milk, Vials, Alcohol, German
Velvet Corks, Absorbent Cones,

POCKET, HAND AND BUGGY MEDICINE CASES,

Our own manufacture from best material and workmanship.

We have the benefit of over thirty years experience in Pharmacy. Our
**Calendula Tincture, Aqueous Extract Calendula, Aqueous
Extract Hydrastis, Cerates from Green Plants,
ARE UNEQUALLED.**

OUR SPECIAL PREPARATIONS:

Rectal, Vaginal and Intra-Uterine Suppositories and Bougies, Salt Rheum and Eczema Rem-
edy, Napiform Tonic, Catarrh Disks, Arnica Oil Compound, Conserve of Calendula
and Roses, Calenduline (perfumed and plain), Cincho-Carbon Tablets, Dermal
Cologne, Anti-Malarial Globules, Dr. Hall's Balsamic Collodion, Etc.

We furnish the Genuine

COMPOUND OXYGEN HOME TREATMENT,

At Special Reduction to Physicians.

Letters of commendation from Physicians in all parts of the country will be shown on application.

Halsey's Homœopathic Guide,

The best pioneer for "our cause" among the heathen throughout the country and world, costs
little, spreads like wildfire. Let every Doctor give one to some family in his town.

Address as above. We are not connected in any way with Halsey Bros.

We have no branch.

Dr. SHERMAN'S**FRESH PLANT****TINCTURES**

Are preferred by careful and well-informed physicians, because they are known to be made from genuine and pure materials, and because they are of definite medical strength.

They are sold in Glass-Stoppered Bottles, like the one represented in the accompanying cut. The glass stoppers are neat and durable, and preserve the purity and strength of tinctures better than corks.

Each vial of tincture bears a printed dilution-formula, which shows the proper proportion of tincture, strong alcohol and distilled water to make the lower dilutions, so that the several attenuations shall represent decimal parts of the original substance. This makes the liquid attenuations of the same medicinal strength as the corresponding triturations. Dilutions made according to these formulæ are free from muddiness and from sediment, because all of the medicinal substance which exists in the tincture is kept in solution.

The accompanying *fac simile* of my dilution-label, No. 14, in connection with the cut of the bottle, shows how to make the first decimal dilution of such tinctures as *Cimicifuga*, and others which require the same alcoholic strength and solvent.

The empty decimally-graduated vials of various sizes are sold at reasonable prices.

STRONGEST TINCTURE.					
To make dilutions,					
Med.	Alc.	Water			
8	2	5	3	12	
12	1	6	3	22	
22	1	9	0	32	
SHERMAN'S PHARMACY.					
MILWAUKEE, WIS.					
Registered Label, No. 14					

LEWIS SHERMAN,

171 Wisconsin St., Milwaukee, Wis.

More About Triturations.

I have called attention to a serious fundamental error in regard to the time required in making triturations of the insoluble drugs. Hahnemann's rule expressly demands

SIXTY MINUTES TO EACH ONE HUNDRED GRAINS

of the finished product. The British Homœopathic Pharmacopœia requires only Forty-four minutes to each one thousand grains, which is no more than the equivalent of *Four and Four-tenths minutes* to each one hundred grains. The "American" Homœopathic Pharmacopœia requires even less for decimal triturations higher than the first. I quote in full the directions given in the latter work, for making triturations on the decimal scale, because the publishers in a recent attempt at defense, leave off quoting just where the mischievous part begins:

"Triturations on the Decimal Scale.—For the triturations to be prepared according to the decimal scale, we follow the same mode in triturating as is given under the centesimal scale, except that first ten parts by weight of the crude substance are triturated with thirty grains of sugar of milk for twice six minutes, and each time scraped together for four minutes. We then add thirty grains more of sugar of milk, triturate again twice six minutes, and each time scrape together for four minutes, finally adding thirty grains more of sugar of milk, and triturating the mixture in the same manner. This is the first decimal (1x) trituration. Ten parts by weight of this preparation triturated with three times thirty parts by weight of sugar of milk in precisely the same manner, gives the second decimal (2x) trituration. Of this, ten parts by weight with three times thirty parts by weight of sugar of milk gives the third decimal (3x), and in this way the trituration each time of ten parts by weight of the preceding trituration, with ninety parts by weight of sugar of milk is continued for any higher trituration desired on the decimal scale."

It has been erroneously assumed that by increasing the quantity of material in the mortar, a larger amount of the finished product could be made in a given time. Since only a fraction of a grain is engaged between the surfaces of the mortar and pestle at any time, the absurdity of this assumption is apparent. Actual experiment has shown that it takes fully ten times as long to reduce a one thousand-grain batch as it does to reduce a one hundred-grain batch. (See Am. Inst. Hom. Report for 1887, page 49.)

The only assignable reason for modifying Hahnemann's excellent rule is, that the medicines thus made are too expensive. At the low rate of \$1.00 a day for manual labor and 50 cents a pound for material, hand-triturations made one hour to the hundred grains, would cost at least \$7.50 a pound.

Pharmacists have not been slow in availing themselves of the license allowed by our modern homœopathic pharmacopœias. The consequence is that for many years,

GENUINE HAHNEMANNIAN TRITURATIONS

have not been obtainable in the market. Manufacturers have claimed to give, some one, some two, and some four hours to each trituration, carefully avoiding any reference to *quantity*. A simple calculation shows that if a 4800-grain batch be ground four hours, each one hundred grains will receive

FIVE MINUTES GRINDING.

The publishers of the American Homœopathic Pharmacopœia, referring to my advertisements, ridicule the idea that it is possible to make triturations one hour to the hundred grains at anything like the prices I ask. They even go further and declare, that at these prices (with their facilities?) they cannot "see the cost of goods" made in their "old-fashioned way," meaning of course, the five-minute way.

For the information of those who do not see how I can make a living profit in selling one-hour triturations, I will briefly say:

THE REASONS ARE,

first, because my triturators are superior in efficiency to any others in use; for with them *one man can do the work of a hundred men* in the old-fashioned way, while the cost of gas is less

than one cent a day for each man; second, making certain of the preparations, which are in frequent demand, in very large quantities, the cost of weighing and other attendance is very greatly reduced; and, third, I find my sales so much increased, that even a small margin of profit is satisfactory.

Send for a Circular, giving a list of the Triturations which I sell at 35 cents for a 6-ounce c. s. bottle, containing four ounces by weight, or \$1.00 for a 24-ounce c. s. bottle, containing sixteen ounces by weight.

LEWIS SHERMAN,

No. 171 Wisconsin Street,

Milwaukee, Wis.

Therapeutics and Materia Medica,

Intended mainly for non-professional persons. Third edition. By LEWIS SHERMAN, A.M., M.D. Published by the Milwaukee Homœopathic Pharmacy. Price, \$1.00; the same in German, \$1.00.

The ready sale of the former editions encourage the continuance of the publication.

The book has been carefully revised and partly re-written.

Its object is to instruct intelligent non-professional persons in the nature symptoms, course and treatment of the common forms of disease. It is not intended to take the place of the family physician, but rather to aid him by diffusing useful knowledge among his patients.

The language though not technical is sufficiently accurate to answer the purpose intended.

The titles are arranged in alphabetical order to facilitate reference.

Physicians find this a very desirable book to place in the hands of their patrons.

We put up to accompany the book several sizes of Medicine Chests, with glass-stoppered vials. These chests range in price from \$5.00 to \$12.00 filled. Twenty-five per cent discount to physicians.

Practical Homœopathy

For the People. Adapted to the comprehension of the non-professional and for reference by the young practitioner. Fourteenth edition. By J. S. DOUGLAS, A.M., M.D., Ph.D., late Professor of Materia Medica, Special Pathology and Diagnosis in the Western Homœopathic Medical College, Cleveland, Ohio, etc.; author of Treatment of Intermittent Fever, etc. Price, \$1.00. Twenty-five per cent off to physicians.

The popularity of this little Domestic book still continues. The exposition of the principles of Homœopathy in the Preface, is a feature which especially commends itself to the lay reader.

LEWIS SHERMAN,

No, 171 WISCONSIN STREET,

MILWAUKEE, WIS.

SHERMAN'S SPIROMETER

MEASURES ACCURATELY, THE WORKING CAPACITY OF THE LUNGS, IN CUBIC INCHES.

It is the only Spirometer in which allowance is made for the condensation of moist air in cooling.



THE USE OF THE SPIROMETER NOT ONLY AIDS IN THE DIAGNOSIS IN OBSCURE CASES, BUT MEASURES THE PROGRESS OF DISEASE IN EITHER DIRECTION. THE LOSS OF A CUBIC INCH OF LUNG TISSUE MAKES A DIFFERENCE OF ABOUT FORTY CUBIC INCHES IN THE AMOUNT OF AIR WHICH CAN BE EXPIRED.

THE SPIROMETER IS THE MOST CONVENIENT MEANS OF DEVELOPING THE LUNG BY EXERCISE. IT BRINGS INTO PLAY THE LATENT, HALF-DEVELOPED AND HALF-USED AIR CELLS, AND THUS INCREASES THE ACTUAL LUNG CAPACITY AND ADDS TO THE PLEASURE AS WELL AS THE LENGTH OF LIFE.

The Physician will find it profitable to have one of these Instruments standing in his office for the use of patients,

PRICE, BOXED FOR SHIPMENT, \$10.00, NET.

LEWIS SHERMAN,
171 Wisconsin St., Milwaukee, Wis.

HOMŒOPATHIC SPECIALTIES.

Pure Cane Sugar Globules.

PURE MILK SUGAR GLOBULES.

PURE REFINED MILK SUGAR.



OUR REFINED MILK SUGAR is of the best Imported quality, ground and prepared by steam on our own premises for Trituration and Prescription, is pure and free from adulteration, being dry and hard; the fine powder furnishes a perfect medium for triturating, running smoothly in the mortar without sticking. The prescription absorbs freely, is free from fine particles, well granulated, and will not cake or become pasty when saturated.

As we have had many years experience, and taking the greatest of care in manufacturing and preparing the above specialties, we think it favorable to physicians to ask for our goods at their pharmacy. Should they not be procurable of them, we shall be pleased to fill your orders direct.

Our Globules are made from pure powdered loaf sugar only. In the making of them they do not come in contact with *copper* or any other *metallic* body, nor with confectioners' flavors or other *odors*; and are therefore of the highest purity for homœopathic use. They will always remain perfectly white, are regular in sizes, and absorb readily.

We recommend them as much purer and more reliable than disks or cane sugar tablets.

Yours truly,

THE STANDARD HOMŒOPATHIC GLOBULE MANUFACTORY,

F. BISCHOFF, MANAGER,

No. 174 WORTH STREET, NEW YORK, N. Y.

Our goods can be obtained at the Homœopathic Pharmacies in general.

PETTIT'S HOMŒOPATHIC PHARMACY,

No. 77 EUCLID AVENUE,

CLEVELAND, - - - OHIO.

A FULL LINE OF

BOERICKE & TAFEL'S GOODS,

Sherman's Tinctures, Surgical Instruments,

Pocket and Buggy Cases,

Scales and Weights of Precision, Etc.

A LARGE STOCK OF

MEDICAL BOOKS,

On which we offer THE BEST DISCOUNTS to the Profession.

SUGAR DISKS AND CONES.

Fifty cents per pound; 25 cents half pound.

ALL OF THE NEW REMEDIES.

We aim to furnish only the best of everything in our line, and spare no expense to that end.

~~See~~ All prices as low as any Respectable Pharmacy.

Send for PRICE LIST and COMPLETE CATALOGUE of Homœopathic Publications.

Non-Humanized Cow Pox: Our Own Propagation.

Grade XX, Ten large ivory points, heavily charged upon both sides, . . . \$1 00

Grade XXX, Five large ivory points, extra heavily charged, . . . 1 00

All Virus Warranted. Warranty with Each Package.

Orders by mail, with remittance, will receive prompt attention.

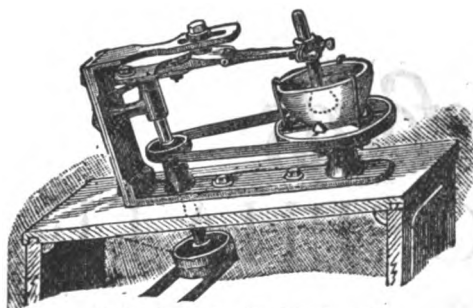
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77 Euclid Avenue, Cleveland, O.

WITTE'S TRITURATIONS.

2X OR HIGHER.

4 Ounces in a Package.....	30 Cents.
4 " " Bottle.....	35 "
4 " Free by mail.....	40 "

With a few exceptions indicated in the list that will be sent upon application.



Witte's Triturator, Pat. March 17, 1885.

WITTE'S TRITURATOR is the only perfect triturating machine in use. When in operation each machine is covered to effectually prevent contamination from neighboring machines. Not the case with any other. All other triturating machines have some fault that compromises the value of the product. This can be demonstrated.

The best extra triturated 1x trituration of *Lycopodium* of a prominent Philadelphia Homœopathic pharmacy, was found by Dr. W. H. Winslow to have only *ten per cent* of the spores broken (see *Hahnemannian Monthly*, July, 1882), while Witte's ordinary 1x trituration of *Lycopodium* was found by Prof. J. Edwards Smith, M.D., and Prof. A. Y. Moore, M.D., to have ALL the spores broken (see *New York Medical Times*, Sept., 1882), showing the relative superiority of Witte's triturating.

The Milk Sugar is *better* than that used by any one else (see *Transactions American Institute of Homœopathy* for 1883).

There are no hand-made Triturations offered for sale that are properly triturated.

L. H. WITTE,
HOMŒOPATHIC PHARMACY,

850 SUPERIOR STREET, CLEVELAND, O.

Perfect Triturations, Pure Tinctures and Pure Alcohol.

WITTE'S PHARMACY

Is the ONLY Homœopathic Pharmacy in Northern Ohio

In charge of a Pharmacist or that employs a Pharmacist.

Horsford's ACID PHOSPHATE, (LIQUID.)

Prepared according to the directions of Prof. E. N. HORSFORD, of Cambridge, Mass.

A TONIC, AND A REFRESHING DRINK IN FEVERS.

Recommended as a highly agreeable tonic and appetizer. It nourishes and invigorates the tired brain and body, imparts renewed energy and vitality and always enlivens the functions.

It also makes a particularly refreshing and nutritious drink in fevers, especially during the period of convalescence, and it is largely prescribed and highly commended by the medical faculty, in this class of complaints.

Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges. Pamphlet free.

Prof. Horsford's Phosphatic Baking Preparations restores the phosphates that are taken from the flour in bolting. Descriptive pamphlet free.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Food in Cholera Infantum and the Summer Diarrhœa of Infants.

The food of an infant, ill with cholera infantum or summer diarrhœa, is a matter of the highest importance, and it is now well known that until milk in every form has been strictly excluded from the diet, no relief can be expected. Experience has proved that Mellin's Food, dissolved in water only, is the best diet in these diseases. Given in small amounts frequently repeated, the stomach will retain it without trouble; if advisable, it can be used cold. The great difficulty in the treatment of these complaints is thus immediately overcome, for the child will be nourished and its strength maintained. The great desideratum in such cases is food, proper food; this being obtained, the medical treatment becomes an easy matter. When convalescence has been established, a small amount of milk can be added to the Mellin's Food, and should be gradually increased as the child is found to bear it.

A sample of Mellin's Food, sufficient for trial, will be sent free of expense to any physician upon application.

DOLIBER-GOODALE CO., Boston, Mass

Wheeler's Tissue Phosphates.

Bone Calcium Phosphate CaP.O., Sodium Phosphate Na H.P.O., Ferrous Phosphate Fe2 P.O. Trihydrogen Phosphates H.P.O.

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.

A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris. Combines with it a superior Pémartin's Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

Phosphorus, the oxidizing element of the Nerve Centers for the generation of Nerve Force; Lime Phosphate, an element of Cell development and Nutrition; Soda Phosphate, an excitant of Functional Activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the Generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids, Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus of Subduing Fever and Allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of Faulty Nutrition, the outcome of Indigestion, Malassimilation of Food and FAILURE OF SUPPLY of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, and as a PHYSIOLOGICAL RESTORATIVE in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of all good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychniae of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce an ordinary dose, a combination of a wide range of usefulness, especially in Dyspepsia, with Constipation, Nervous Debility, and in Chronic Malaria.

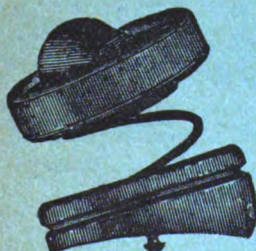
DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at Chemical Laboratory of T. B. WHEELER, M.D., Montreal, P. Q.

Put up in pound bottles and sold by all Druggists at One Dollar.

HERNIA

ECAN'S IMPERIAL TRUSS.



This is a new Truss upon new and anatomical principles, having a **Spiral Spring Pad**, varying in size and form, as well as strength of Spring. The pressure being circular, or graduated, adapts itself to every motion of the body. **Worn Day and Night.** The Adult Pad gives a pressure from 3 to 6 pounds. Pad No. 3 gives 3 pounds, Pad No. 4 gives 4 pounds, Pad No. 5 gives 5 pounds, Pad No. 6 gives 6 pounds. The springs are all interchangeable one with the other, and can thus be exchanged till the proper pressure is obtained and without extra expense. Our Infant's Truss is a perfect success. **Ladies' Trusses a Specialty.** Our Umbilical Truss is something new and never fails. Pronounced by the Best Medical Authority to be the true and only Umbilical Truss. Our Truss is used by the best medical men of Ann Arbor and in Michigan State hospitals. Office, Hamilton Block.

ECAN IMPERIAL TRUSS COMPANY, ANN ARBOR, MICHIGAN.

DR. McMUNN'S - ELIXIR OF OPIUM -

An Invaluable Remedy in the Preparation of Opium.

This is the pure and essential extract from the native drug. It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and antispasmodic powers of Opium to produce sleep and composure; to relieve pain and irritation, nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc. And being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum and every other Opiate preparation.

E. FERRETT, AGENT, 372 PEARL STREET, NEW YORK.

CARNRICK'S ^{SOLUBLE} FOOD

IS UNLIKE ANY OTHER INFANTS' FOOD THAT HAS
EVER BEEN PRODUCED.



THE FORMULA.

Partially Predigested Milk Solids,	-	45 parts.
Wheat, with the Starch converted into		
Dextrin,	- - - - -	45 "
Milk Sugar,	- - - - -	10 "

We do not claim this food to be "a perfect substitute for human milk." But we do claim that **Carnrick's Food** approaches nearer to human milk in constituents and digestibility than any other food that ever has been produced, and that it is the only infants' food that will, without the addition of cow's milk, thoroughly nourish a child from its birth.

We believe that **Carnrick's Food** solves the problem of a reliable substitute for human milk. The Casein of cows' milk, by partial predigestion with freshly made Pancreatine, is rendered as easily digestible by the infant as human milk.

We have never published an analysis of **Carnrick's Food** "prepared with milk," for, unlike all other foods, it is prepared by the addition of water only, and we base our claims upon the intrinsic value of the food as compared with an equal amount of the solid constituents of human milk. All other analyses or comparisons are misleading. We challenge similar comparisons with any other food and confidently believe, that if **Carnrick's Food** is depended upon for the nutrition of infants, the great mortality among children will be reduced.

Full information regarding the process of manufacture will be cheerfully furnished and samples sent free to those who wish to test **Carnrick's Food**.

REED & CARNRICK,
NEW YORK.

BOERICKE & TAFEL,

HOMŒOPATHIC PHARMACEUTISTS, IMPORTERS AND PUBLISHERS.

Received the only International Medals and Diplomas awarded to
Homœopathic Pharmacy of this country: Philadelphia,
South America, Paris, New Orleans.

BUSINESS ESTABLISHED IN THE YEAR 1835.

PHARMACIES LOCATED AS FOLLOWS:

PHILADELPHIA, 1011 Arch St. and 1035 Walnut St.;

NEW YORK, 145 Grand St. and 7 W. 42d St.;

CHICAGO, 36 Madison Street;

BALTIMORE, 212 W. Fayette St.;

WASHINGTON, 938 F. St. N. W.;

PITTSBURGH, 627 Smithfield St.

At each of the above pharmacies is constantly kept a complete stock of everything required by physicians—mother tinctures (imported and domestic), triturations, dilutions, tablets, tablet triturates, drop tablets, high potencies, instruments, cases, pellets, sugar disks, or cones, sugar of milk, etc., of the best and most reliable quality, or make, only; also all homœopathic publications, domestic and foreign.

We make no attempt to lure trade by means of inferior goods and by “defying competition” or “startling reductions,” and all the rest of that rhodomontade which usually accompanies inferiority. Our first considerations are quality of material and accuracy of preparation, and our prices are always as low as goods of a similar quality can be obtained for elsewhere. All buyers are treated exactly alike, and no inducements are offered to one which are not given to all, whether asked for or not, and the order by mail is put at just as low a price as it could be obtained by the shrewdest buyer in person, plus postage.

Owing to our very complete stocks and ample facilities, all mail orders are, almost invariably, sent on the day the order is received. Liquids are now mailable, and go as safely as any other matter.

The *Homœopathic Recorder* is a bi-monthly journal, published by us; price \$1.00 a year and, we believe, fully worth the money. For a free sample copy, send name and address to 1011 Arch Street, Philadelphia, Pa.

Our Physician's Price Current is mailed to any address; 136 pages of prices, information, hints, etc. Send for a copy.

BOERICKE & TAFEL.

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Loeplund's STERILIZED Cream-Milk

Prof. H. B. Cornwall has analyzed sixteen of the leading brands of Condensed Milk on the market, for the New Jersey State Dairy Commission, and finds them to contain an average of 38.84 of cane sugar, glucose or molasses, and to be condensed only 2.74. This is a fair description of them all, as none vary greatly from the average. Professor Cornwall says: "The very large amount of cane sugar necessary to preserve them renders them, however, an unwholesome food for infants, and they can by no means be regarded as a good substitute for fresh milk in this case. . . . Condensed milk preserved with sugar can never be a fit food for infants." And we may infer that what is positively unwholesome for infants will not promote the health of adults.

Professor Soxhlet, of Munich, says, of cow's milk, "During the process of milking, particles of manure and other forms of dirt get into the milk, and, during transportation and general handling, fermentation sets in, so that much of our milk is really unfit for consumption." Mother's milk he maintains would also be equally unfit were it subjected to the same handling before it reaches the child. The only safeguard he contends, lies in sterilizing the milk and this is most effectually done, he says in another paper, at the establishment of E. Loeplund, on the Alpine mountains, near Lake Constance, where herbage, water and pure air combine to produce healthy milk.

The milk is condensed to one-fourth its original volume, no sugar is added, no antiseptics, or anything else; it is sterilized sub-vacuo and when ready for use is an *absolutely clean, wholesome and pure milk*, a luxury on the table and an article on which infants will thrive as on no other.

"It may be," says Augustus Caille, M.D., Visiting Physician to the German Hospital (children), New York, "given to children suffering from diarrhoea, or convalescent from cholera infantum, when milk boiled in the ordinary way is not tolerated. He also says: "*Sterilized milk should be administered to all children deprived of the breast.*"

We are sole agents for **Loeplund's Sterilized Cream-Milk**, and orders addressed to any of our pharmacies will receive prompt attention. Though but recently introduced into this country the merits of this article are so manifest that its sale has already grown to large proportions.

Price per Can, 25 cents.

As all the condensed milks in the market contain nerrly 40 per cent of Cane sugar and Loeplund's contains none, it will be readily seen that in reality it is, at the price, considerably the cheapest.

BOERICKE & TAFEL,

1011 Arch St., and 1035 Walnut St., Philadelphia, Pa.

145 Grand St., 7 W. 42d St., New York.

36 E. Madison St., Chicago.

627 Smithfield St., Pittsburgh Pa.

212 W. Fayette St., Baltimore.

938 F St., N. W., Washington, D. C.

Tablets. Tablets. Tablets.

TABLETS are most uncompromising detectors of poor triturations; no matter how finely powdered the sugar of milk is, it will, untrituated, or poorly trituated, make a rough looking, rough surfaced tablet, with rounded edges and one that will crumble easily; in other words, it will be "cheap," or rather low-priced, for often what is low priced, especially in medical goods, is very expensive in the long run. The best tablets are made from thoroughly trituated sugar of milk, which only will make a neat, handsome tablet with a smooth surface and sharp edges. All of our tablets are made from such triturations. Another distinguished feature in them, or, more properly, in their manufacture, is the use of glass moulds, for to the best of our knowledge, we are the only makers who use such, and we use them because experience has demonstrated that the abrasion of the sugar of milk on the commonly used hard-rubber moulds contaminates the tablet with the rubber and its sulphur, and that this is considerable is shown by the fact that these rubber plates or moulds soon show marked signs of wear. This is a consideration that physicians should not lose sight of.

We will send our tablet list on application; also our Physician's Price Current for 1887, a handsome work of 137 pages compacted of information. Address any of our Pharmacies.

BOERICKE & TAFEL,
Homœopathic Pharmacutists,
NEW YORK, PHILADELPHIA, BALTIMORE, PITTS-
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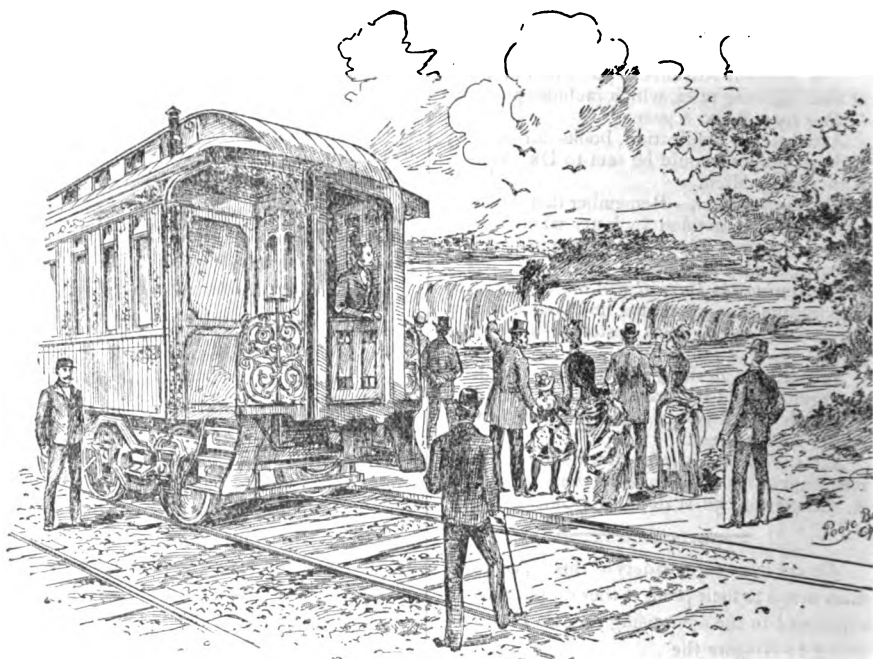
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[Continued to page 44.]

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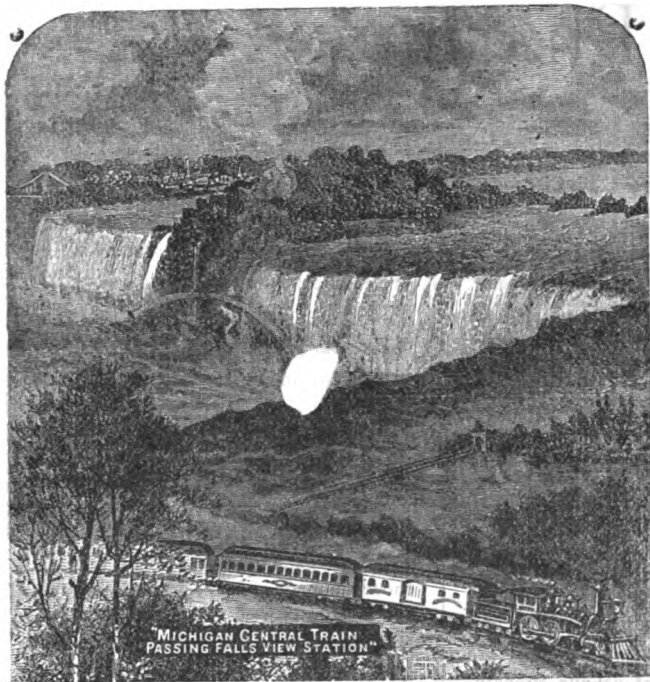
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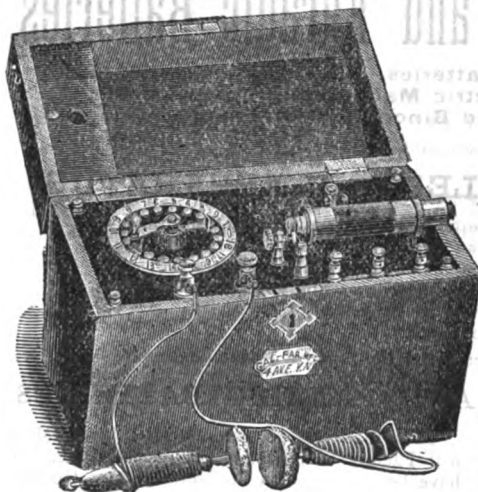
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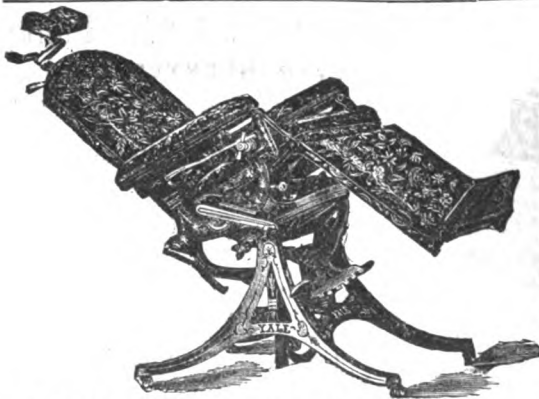
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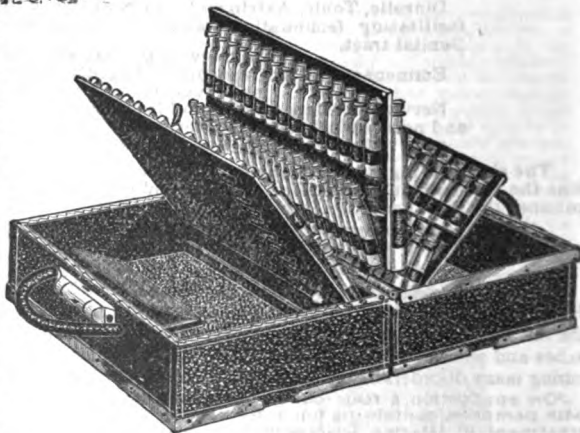
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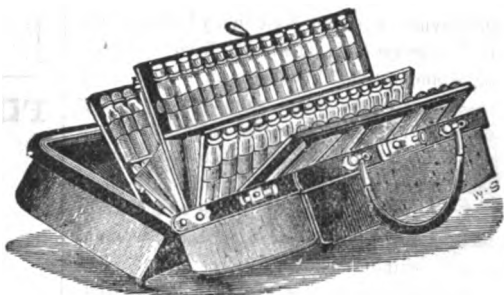


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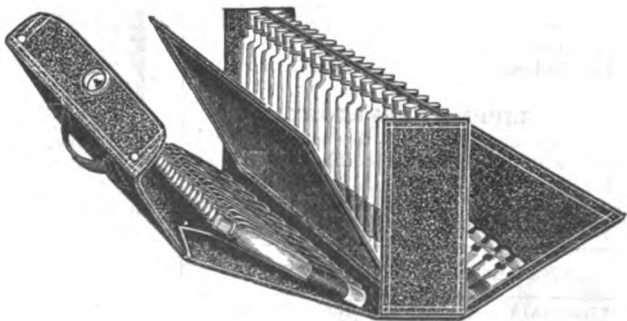
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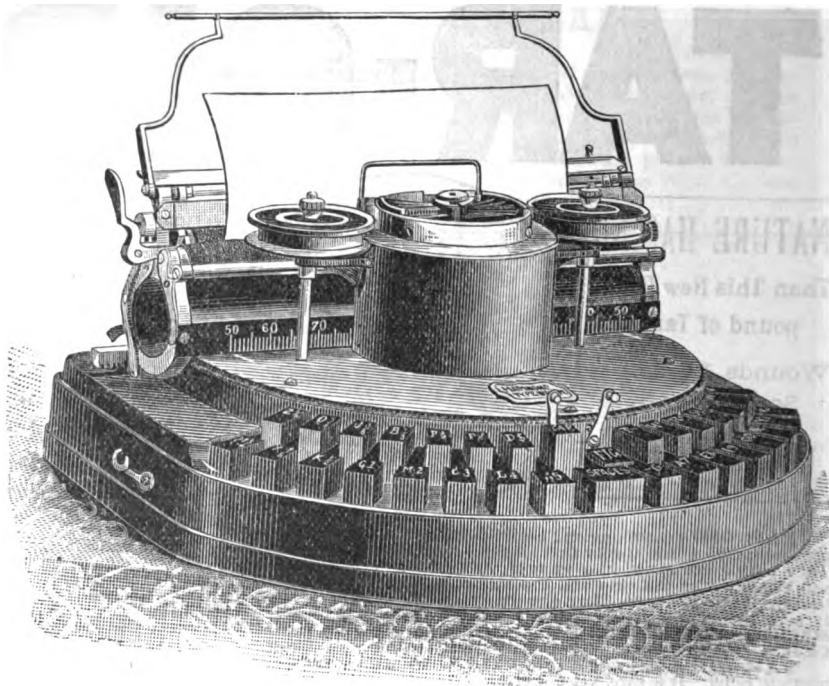
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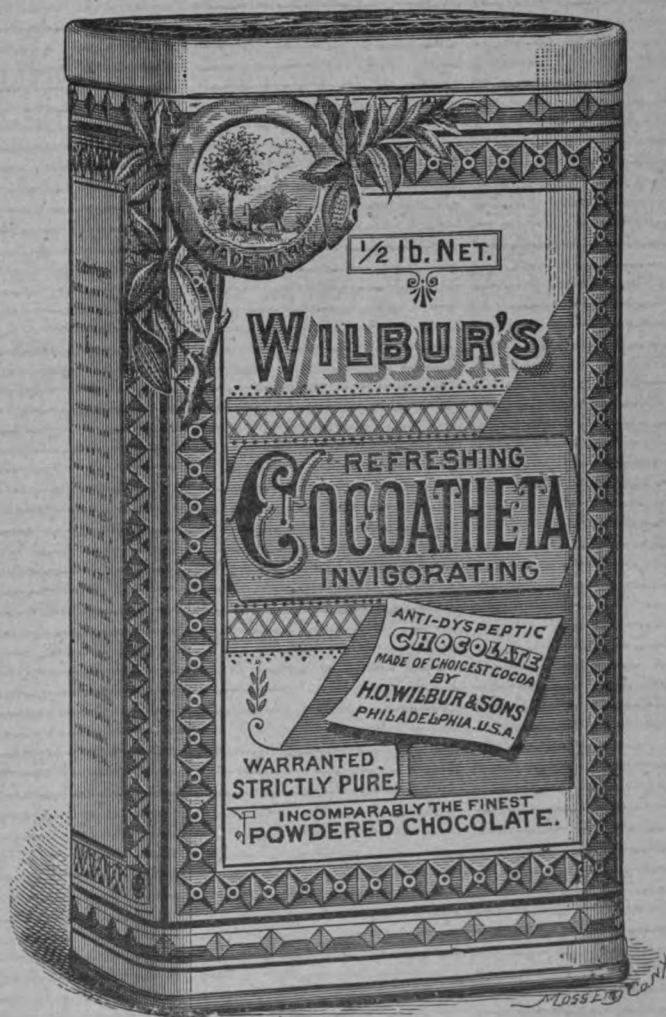
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Physicians in regular practice will be furnished with a sample on application.



COCOATHETA is recommended and sold by W. A. Chatterton. Put up in $\frac{1}{2}$ and 1 lb. tins.

Dr. A. R. THOMAS, Dean of the Hahnemann College, says: "Of the various preparations of Cocoa and Chocolate in the market, WILBUR'S COCOATHETA I consider the best. Highly nutritious and extremely palatable, it forms a delightful beverage for all, and particularly for invalids."

MADE ONLY BY

H. O. WILBUR & SONS,
PHILADELPHIA.

Imperial College of Agriculture.

SAPPORO, JAPAN.

March 9th, 1887.

MESSRS. REED & CARP RICK:

GENTLEMEN.—Will you kindly send me, as soon as possible, by express via San Francisco, One Tin of "CARNRICK'S SOLUBLE FOOD." Forward to the care of Lohmann Yokohama, Japan. Perhaps a word of explanation for this order from away Japan may not be without interest to you. My baby boy is now two months old and exceedingly strong and healthy, and is gaining in weight steadily at the rate of half a pound per week. Three weeks ago, however he weighed half a pound less than at birth.

Forty-eight hours after birth, having received no nourishment, he was allowed a few drops of cow's milk and all the tepid water he desired. But the milk did not agree with him, producing the only symptoms of colic he has ever shown. On the third day, there still being no milk from the natural source, he was given two meals of "CARNRICK'S SOLUBLE FOOD," from a trial package in my possession.

This nourishment agreed with him perfectly, but was discontinued on arrival of the mother's milk.

When he was about four weeks old he showed signs of serious indigestion, passing material from the bowels closely resembling hard curds, and which analysis proved to be almost wholly unchanged casein. The most natural course was to attempt to remedy the difficulty by changing the diet of the mother, but, after two weeks of unsuccessful experiment, recourse was again had to the "CARNRICK FOOD," followed by immediate disappearance of all digestive trouble. However, with a supply of only four ounces of the remedy within 8,000 miles, and with the mother burdened with milk, some other means, as a permanent course, had to be adopted. The analysis of the mother's milk furnished the clue to the proper course.

The nutritive ratio (relation of albuminoid to carbo-hydrate constituents) was found to be too low; the amount of fat and milk sugar present was not sufficient to enable the infant to digest the excess of nitrogenous food furnished. By supplying this deficiency by feeding soluble carbo-hydrates, the proper nutritive ratio was restored; and the mother's milk, *thus supplemented*, is to-day accomplishing all that could be desired, and all that was gained by the use of the "CARNRICK'S FOOD" alone.

With this experience to judge from, I am convinced that the "CARNRICK'S FOOD" is as perfect and efficacious in practice as its composition is correct in theory. It appears to me to be compounded on thoroughly scientific principles, and in this respect differs from most of the other articles placed on the market for similar uses.

Assured of the superiority of your product, and feeling deeply grateful for the results of its use by my own child, I deem it only just to communicate these facts to you, with my sincere thanks for the benefits derived from "CARNRICK'S SOLUBLE FOOD."

Believe me, very truly yours,

H. E. STOCKBRIDGE, Ph.D.,

*Professor of Chemistry and Consulting Chemist to the
Imperial Japanese Government.*

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25 JUN 1971

UNIVERSITY OF MICHIGAN



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